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TO DEPY, MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessary, please exec	cot	101	TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrar prior to buriol, cremation	or removal.
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5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORI	, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. Dist. No. 04991)
2. USUAL RESIDENCE (Where deceased lived. If in	stitution: Residence before admission)

	506	MI ME	DICA	L EXAMINER'	S CERTIF	FICAT	E OF	DEATH	Reg. Di	st. No.	04990
1.	PLACE OF DEATH o. COUNTY Alle	gany		MARYLAND	2. USUAL RES o. STATE		here deceo:	b. COUNT			
1	b. CITY OR TOWN (IF		RURAL	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)						
	Cumberla	nđ		minutes	Gres	aptow	m		X		
			If nat in hos	pitot, give street address)	d. STREET A	-	**				e. IS RESIDENCE
	Memorial	Hospital			Box	143,	Brady	Road	1		YES NOT
3.	NAME OF DECEASED (Type or print)	Fir ROBER T	of .	Middle PAUL	AREFORE		4. DATE OF DEATH	Mav		Doy 2	Year 19 61
\$.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 8	. DATE OF BIRTH			9. AGE (In years	IF UNDER	YEAR I	F UNDER 24 HRS.
	Male	White	WIDOWED		March 13			lost birthday)			Hours Min.
100	 USUAL OCCUPATIO during most of working 	N (Give kind of work life, even if retired)	done 10b. K	IND OF BUSINESS OR INDUST	TRY 11. BIRTHPL	ACE (Stote	or foreign c	country)	12. CITIZ	ZEN OF	WHAT COUNTRY?
	Mechanic		Ser	vice station	Morga	ntown	, W.V	a.	1	U.S.	A.
13	FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME				
	George F	Areford			Adda	Sharp	nack				
	WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	NFORMANT	CIICI P	2204005	Address			
{Ye	Yes	If yes, give war or dates at WW I		7-10-1853 M	rs. Robe	ert P.	Aref	ord. Cres	saptow	m, M	ld.
		H [Enter only one cau	se per line t							INTERVA	AL BETWEEN AND DEATH
		WAS CAUSED BY		Myocardial	Infarci	tion	left	: Massi	TTA		and Death
	4275	MMEDIATE CAUSE (a)		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	2112 42 0	01011	1010	9 114551	. 7 0	1	741 9
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	(c), stoting the underlying of Sclerosis, old; also recent thrombus										
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CERTIFI	PRIMARY OF CON CAUSE OF DEATH.		b. DESCRIBE	HOW INJURY OCCURRED. (inter noture of in	jury in Part	E or Pari II	of item 18.)			
MEDICAL	Hour a.m.	Month, Day, Yea	While	NJURY OCCURRED 20e. PLA Not while foct	CE OF INJURY (Fory, street, office	lome, form, bldg., etc.)	20f. (City	or town)	(Cou	nty)	(Stote)
	21, I certify the	ot I took charge	of the r	emoins described obo	ve, held on	Autopsy	10X1. II	nspection 📆	Inquir	/ [X].	and find that
	deoth resulted	fram: Natural	couses	. Accident . Sui	cide [], H	amicide	,	ndetermined o			
	ACTUAL SIGNATURE	inedict	Ske	tarelia	_M.D. CHIEF M	NEDICAL EX	AMINER 🗌			1	DATE SIGNED
					ASSISTAL	NT MEDICA	L EXAMINE	R 🔲			
	EXAMINER'S NAME (Type)	Benedict		arelic. M.	D. DEPUTY	MEDICAL E	XAMINER 5	May 1	2, 19	961	
220	BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREC	F	22c. NAME OF CEMETERY OR	CREMATORY		22d. LOCA	TION (City, town,	or county)		(Stote)
_	Burial	5/15/61		Hillcrest Cem	etery			erland,			
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			BY REGIST	RAR 24b. REGI	STRAR'S SIG	NATURE	
	John J.	Haf er, Cum	berlar	nd, Maryland		DATE N	1 16	61	0	, Ban	

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VS. A15ME(5) 5M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Record 18

Reg.	Dist.	No.	4	99	

I. PLACE OF DEATH				2. USUAL RES	DENCE (W	/here decea	sed lived. If insti		ence bel	fore admi	ssion)
	ALLEGANY		MARYLAND		-0.00 de 0.00 h	LAND		AJ	LLEG	Life Annie V. mbr	
and give nearest tow		RURAL	c. LENGTH OF STAY IN 1b	c. CITY OR			porate limits, writ	e KURAL on	d give n	earest to	wn)
	TSTONE	of and to have	-1	d. STREET		STON				a IS RI	ESIDENCE
d. NAME OF HOSPI	HAL OK INSTITUTION (ir nor in nos	pital, give street address)	1						ON	A FARM?
	ROUTE 2			ROUT	E 2					AE2 [X	NO
3. NAME OF DECEASED	Fir	st .	Middle	Los		4. DATE OF	Mor	ntin	Day		ear
(Type or print)	FO.	RD	ASH			DEATH	May X		7		9 61
5. SEX	6. COLOR OR RACE	7. MARRII	ED NEVER MARRIED 6	DATE OF BIRTH			9. AGE (In years last birthday)	Months	Doys	IF UND	ER 24 HRS.
MALE	WHITE	WIDOWE	D DIVORCED D	MARCH 16	.1883	3	78 yrs		Days	ridurs	min.
10g. USUAL OCCUPAT	ION (Give kind of work	done 10b. k	CIND OF BUSINESS OR INDUST	RY 11. BIRTHPL	ACE (State	or foreign	country)	12. CIT	IZEN O	F WHAT	COUNTRY
RETTRED	ing life, even if retired)	777	ARM		PENNA	1		TT	SA		
13. FATHER'S NAME	PARIVER	P	#UUI	14. MOTHER'S					OA_		
	LOTT						CONT				
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(Yes, no. or unknown)	(If yes, give war ar dates of		18 7:1 /420						200		
NO		14	19-34-6-51	VERNA AS	H F	ROUTE	2, FLIN	STONE	, MI		
	ATH [Enter only one cau	se per line	for (a), (b), and (c).]						ONS	RYAL BETWI	ATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		Corona	ry Oc	clus	ion			1 5	Sudd	en
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Conditions, if	ony, which) (b)		Coro	narv	Scla	rosi	Q			36-36-38	
gave rise to imm	gave rise to immediate cause (a), stating the underlying DUE TO										
(a), stating the	anderlying										
Z PART II. OT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY										
OTATIO										PERFC YES [NO NO
PART II, OT	ONTRIBUTING	b. DESCRIBI	E HOW INJURY OCCURRED. (E	inter noture of in	jury in Port	t I or Port I	l of item 18.)				
20c. TIME OF INJU		While	f family	CE OF INJURY (I	Home, form bldg., etc.	20f. (Cit	y or town)	(Co	ounty)		(State)
		of the	remains described abo	ve. held an	Autons	v 🗖 🗆	Inspection X	Inqui	rv K	and	find the
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SIGNATURE					NT MEDIC	AL EXAMIN	ER 🗍				
EXAMINER'S NAME (Type)	Benedict	Skit	arelic. M.D.	DEPUTY	MEDICAL	EXAMINER?	XX Man	17	13	961	
	ION, 22b. DATE THEREC		22c. NAME OF CEMETERY OR			22d. LOC/	ATION (City, town		-90.5	(Stat	le)
REMOVAL (Specific BURTAL	γ)	_						w.mm.			
23. FUNERAL DIRECTO	MAY 19,1	.90I	ASH CEMETE ADDRESS	T. I	240. REC'	D BY REGIS	TRAR 246. REG	GISTRAR'S, SI	GNATU	RE	
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. R . B . M . AND . MINISTER . M . B . M .

STATE OF THE HOSPITAL - CANCERLAND, IT.

Burial Hay Id. 1861 Cooks Mills Cometary Ryndman, Pt. Roel Pedigr

DR. E. B. WOISHING ... 159 OREERS ST., COMMERCIAN, NO.

18231

Hyraman, Pa.

the funeral TO HO AIL Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and S be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaf

hours after

	DIVISION OF	5003	RESEARCI	CERTIFIC	CATE	OF DE	ATH	SIKEEI,	DALI	IMORE	I, MIM		499	3
	PLACE OF DEATH a. COUNTY Allega	iny			/LAND	2. USUAL F	Mary	land		b. COUNT	All	Lega	any	
	Cumber]			53 yr	S.	03	Cumb	f outside cor perla		nits, write	RUKAL and	d give n		
	d. NAME OF HOSPIT	AVE.	if not in hospit	tal, give street add	ress)	d. STREET		Laing	Ave					A FARM?
3.	NAME OF DECEASED (Type or print)	First		Middle		Last		4. DATE OF DEAT		Mav Mav		Day	Year	61
5.	SEX SEX	6. COLOR OR RACE	7. MARRIEO	Ma:		Biro DATE OF BIRT			9. AGE	(In years I			IF UNDER	24 HRS.
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1	Willia	m Porter:		OCIAL SECURITY		S		Cla	rk	Address				
	PART I. DEATH Conditions, if any gave rise to immedical, stating the unceuse lest.	ete ceuse	Cere	bral Va	ascul eroti	c card	iden liova	t scul	ar d	isea	ıse	3 Ye	Md. ERYAL BET SET AND day day Bars	OEATH 3
CERTIFICATION	20a. ACCIDENT W/		None										PERFC	RMED?
MEDICAL CE	20c. TIME OF INJU Hour a.m. p.m.	MEDICAL EXAMINER) RY Month, Oay, Ye	While at work	Land Land	facto	CE OF INJURY (ory, street, office	bldg., etc.	.)	lity or tow		(Cou			(State)
		nat (I) (this hospi												
	22a. SIGNATURE 27c. PHYSICIAN'S NAME (Type)	lemal verton H	lery p	wright,	M.D.	22d. A0I	DRESS	MEO. DIRECTOR	STA PHY	s.	ımber	lar	5-1	Pare Pare Md.
23	BURIAL, CREMATI REMOVAL (Specify)	ON, 236. DATE THE	, 1961	Hiller			Park	Cu	mbei	(City, tow	d, Me	d.		tete)
24	James F.	's SIGNATURE Scarpel	li, C	ADDRESS umberla	nd, I	ld.	OATE	AAY 23	'61		ISTRAR'S	14 6 11		

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

U.S.A.

(County)

anthur S. Thousa

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO P

> > (Stote)

DATE SIGNED

(Stote)

e. IS RESIDENCE

ON A FARM

YES NO

Year

1961

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STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Whare decessed lived, If institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY a. COUNTY ALLEGANY ALLEGANY the d MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown) and b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 DAYS CUMBERLAND = Pages AL POSPITAIN (if not in hospital, give street address) d. STREET ADDRESS ed 202 WILMONT AVENUE MEMORIAL & WARWICK AVES .. 3. NAME OF Middle 4. DATE DECEASED OF BONIG SCHILLER Ca (Type or print) DEATH MAY 0 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) last birthdey) car MALE WIDOWED [DIVORCED X 2. CITIZEN OF WHAT COUNTRY? 1Da. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) remove done during most of working lifa, evan if retired) U.S.A. TIRE CO. CUMBERLAND, MARYLAND SUPERVISOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME a please Then please CHARLES A. BONIG ANNA M. SCHILLER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address oval, (Yes, no, or unkown) [(If yas give wer or dates of sarvice) CUMBERLAND, MD. HOSPITAL. 07 the 1B. CAUSE OF DEATH [Entar only ona cause per line for (a), (b), and (c). physician. P PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed burial-transit DUE TO Conditions, if any, which gave rise to immediate couse DUE TO (e), stating the underlying certificate ha 0 PHYSICIAN: the hospital or PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION 98 0 or 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH After 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Dey, Year Not While factory, straat, offica bldg., atc.) While Hour a.m. at work et work p.m in 2 2 7 , 196/, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from. OL pinods saw the deceased alive on... from the causes and on the date stated above. DIREC MGNATURE ATTENDING DIRECTOR PHYS. Jesth. Page 4 D FUNERAL Jirector, page 3 of filed with the QUY 22d. ADDRESS PHYSICIAN'S NAME (Type) SIMONS ALGONQUIN HOTEL, CUMBERLAND, MD. M. 23d. LOCATION (City, town or county) 230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) g dio g SUNSET MEMORIAL PARK CUMBERLAND. MD. BURTAL H 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 BYRON KIGHT CUMBERLAND. MD. 361 Oritan & Knows

MARYLAND STATE DEPARTMENT OF HEALTH

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YES NO

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MARCH 7, 1906 BS KNK

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1996

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)					
a SMaryland b. COUNTY Allegany					
to c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Cumberland					
d. STREET ADDRESS e. IS RESIDENCE					
227 Race Street					
Last 4. DATE Month Dey Yeer OF					
DEATH May 20, 1961 19					
8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS, lest birthdey) Months Days Hours Min					
July 18, 1883 77 yrs. Months Days Hours Min.					
JSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY					
Cumberland, Md. USA					
Barbara Bauer					
7. INFORMANT Address					
Herman F. Brant 227 Race St.					
INTERVAL BETWEEN					
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-timesis 10 yrs					
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PERFORMED?					
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JRED. (Enter nature of injury in Part or Part of item 18.)					
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that death occured at 19 Morom the causes and on the date stated above					
ATTENDING MED. STAFF SIGNER M.D. PHYS. DIRECTOR PHYS.					
22d. ADDRESS					
nia Ave. Cumberland, Md.					
RY OR CREMATORY 23d. LOCATION (City, town or county) (Stata)					
Punial Dank Cumbonland Md					
Burial Park Cumberland, Md. [25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
a Ave. DATE MAY 29'61 Orthur & thous					
DATE BY CITCHIA TO					

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director PLACE OF DEATH o. COUNTY o. STATE Fled MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 pe RURAL and give nearest town) pino CUMBERLAND CUMBERTIAND d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS SACREM HEART NAME OF First Middle DECEASED fille poges death. DEATH (Type or print) T. IT.T. I AN 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH ofter WIDOWED TO DIVORCED | popers. during mast of warking life, even if retired) Own Home Housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Mellenger 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT NO None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ā PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO by Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the underlying cause last. ڡ burial-tr 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, affice bldg., etc.) Haur a. m. While Nat while ot work at work 21. I certify that (I) (this haspital) attended the deceased fram.__ saw the deceased alive an 5 OR 22o. SIGNATURE DIRECTOR | PHYS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before b. COUNTY ALLEGANY c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? YES NO 316 FAYETTE STREET Year Manth 19 9. AGE (In years IF UNDER 1 YEAR IF ONDER 24 HRS lost birthdoy) Months Days Haurs 12. CITIZEN OF WHAT COUNTRY? 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) II.S.A. Adaline Hamil] Address Sacred Heart Hospital INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) 20f. (City or town) (Stote) .____, 19___, that (I) (we) last ____1961., and that death accurred at _____8M, from the causes and an the date stated above PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dir. Leo H. Ley, Jr. M.D. 456 N. Centre Street 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) Rose Hill Cemetery Cumberland. Md. Burial ADDRESS 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25g. REC'D BY REGISTRAR Byron Kight Cumberland, Md. DATE ca sun & the

0 FUNERAL

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FOR STATE HEALTH DEPT.

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TO DE TO DE TO PICAL EXAMINER: This certificate should be executed within 24 hours after death. If a please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the caral distributed be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any event within 72-hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEAR	CH AND RECORDS,	JUI W. PRESIUM	T SIREEI, BA	LIMOK	E I, MAKI	LAND
5008 MEDICAL	EXAMINER'S	CERTIFICAT	E OF DE	ATH	0:	4998
1. PLACE OF DEATH		2. USUAL RESIDENCE	CE (Where deceased		tution: Residence	e before edmission)
•. COUNTY Allegany	MARYLAND	Penn.		b. COUNTY	rion	No.
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	outside corporate li			earest town)
Frostburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp		Maypo	rt			ic necine inc
Miners Hospital	oitel, give street address)	d. STREET ADDRESS		75)	E-X	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day	Year
(Type or print) Douglas	Scott	Rullers	DEATH 5	/31/1	961	19
5. SEX 6. COLOR OR RACE 7. MARRIED		. DATE OF BIRTH		(In years IF	UNDER 1 YEAR	IF UNDER 24 HRS.
Male White WIDOWE		3/29/59	last b	yrs.	onths Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, evan if ratired)	ND OF BUSINESS OR INDUSTR		or foreign country)		12. CITIZEN OF	WHAT COUNTRY?
None		Katannir	or. Pa.		U.S.	Λ
13. FATHER'S NAME		14. MOTHER'S MAIDEN	VAME		0.00	A
Robert Bullers		Virgina A	ann Snyd			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17. I	NFORMANT		Address		
No	one R	obert Bulle	ers, Ma	yport	, Pa.	
18. CAUSE OF DEATH Enter only one cause penti		1 (I	PATHER(ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	I and Nea	Reo Duin	MA 7	RAO.	ON.	SET AND DEATH
IMMEDIATE CAUSE (e)	- 0 /		24		- 4	Louis
DUE TO	Red . 11	sons & Le	do		/	
Conditions, if eny, which (b)	song wi	VIIVS I	7			
(e), stefing the underlying DUE TO						
cause lest. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDI	TION GIVEN	IN PART 1(a) 15	
5					Y	PERFORMED?
20a. EXTERMAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRI	BE HOW, INJURY OCCURED. (E	nter natura of injury in Peri	eir Tr	sile	N Has	ne
0 ====	NJURY OCCURRED /200. PLA			m)	(Corply)	(State)
Hour a.m. May 3/ 1961 at work	1101 111110	ory, street, office bldg., etc.	Trost	my 0	Illy an	7 mg
21. I certify that I took charge of the remaining	ains described above, he	ld an Autopsy ,	Inspection X	Inquiry	and	in my opinion
death resulted from: Natural causes,	Accident X Suici	ide, Homicide	, Undeterm	nined man	ner 🗌	
(- 0 and ()		CHIEF MEDICAL E	XAMINER [-110	16 m
ACTUAL SIGNATURE WON / C	ne	M.D. ASSISTANT MEDI		FY:	2010	ATE/SIGNED
EXAMINER'S 1110 mc / (1)	or mil	CLAST DEPUTY MEDICAL	7	N	ay 3	3/ 146/
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR		ity, town, or county 22d. LOCATION (-	country)	(Stete)

228. BURIAL, CREMATION, REMOVAL (Specify)
Rurial 6/3/106 22c. NAME OF CEMETERY OR CREMATORY 6/3/1961

Reynoldsville

PA.

23. FUNERAL DIRECTOR

GEORGE EICHHORN

Reynoldsville ONACONING, MD.

24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

DATE JUN 5

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A. . The state of the s The state of the s BY THE PROPERTY OF THE PROPERTY OF

the with 2 wiff pages within OR: forwarded to t should be for FUNERAL 1 DE 240 g

VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY a. STATE b. COUNTY Allegany c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest lown) d. STREET ADDRE PORT Frostburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARAME YES NO Miners Hospital Last 4. DATE DECEASED OF (Type or print) Phillip Rullers DEATH 5/31 5. SEX AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest birthday) 2 yrs. WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Brookville, Pa. None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Virginia Snyder Robert Bullers Ann 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no. or unkown) | (If yes give war or detes of sarvica) Robert Rul ers. Mayport, PA. No None 18. CAUSE OF DEATH [Enter only one cause per INTERVAL BETWEEN DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) geve rise to immediate cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert Ver Pert II of item 18. 20a. EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Dey, Yeer While Not While at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE EPUTY MEDICAL EXAMINER Cears NAME (Type) Address (Street, city, town, or county)

REMOVAL (Specify)
Burial 6/3/1961

22e. BURIAL, CREMATION.

Reynoldsville,

22c. NAME OF CEMETERY OR CREMATORY

Reynoldsville, PA.

240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, or country)

EICHHORN LONACONING,

•

DATE JUN 5 '61

Urillary S. Thomas

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

Culling S. House

		5010	CERTIFIC	ATE OF DEA	IH		95000
	PLACE OF DEATH	4010		2. USUAL RESIDENCE	E (Where deceased lived. If		efare admission)
		legany	MARYLANI		yland	Alle	gany
	b. CITY OR TOWN (If o	utside corporate limits, write	c. LENGTH OF STAY IN 1	c. CITY OR TOWN	N (If outside corporate limits	write RURAL and give	nearest town)
11	Rural" Fr	ostburg		"Rural	" Frostbu	rg.	
	d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give street	address)	d. STREET ADDRE	ESS		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF	First	Middle	Last	4. DATE OF	Manth	Day Year
	DECEASED (Type or print)	Isabelle		Burt	DEATH	May	14 19 6
S. 5	SEX 6	S. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (I	11 1	AR IF UNDER 24 HR
	Female	White WIDOW	ED DIVORCED	November		2 yrs. Manths Day	rs Haurs Min.
10a	. USUAL OCCUPATION during most of working	(Give kind of work done 10b.	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN	OF WHAT COUNTRY
	none	g they even in remedy		Nova	Scotia	U	S.A.
13.	FATHER'S NAME			14. MOTHER'S MAII			
		James McEl	vie	Cat	herine Fran		
		N U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	, INFORMANT		Address "Ru	ral"
, .	no	, , , , , , , , , , , , , , , , , , , ,		Mrs. Walte	er Gardner	Frostbu	rg,Md
	18. CAUSE OF DEATH	[Enter anly ane cause per li		22		/	NTERVAL BETWEEN
	PART I. DEATH	WAS CAUSED BY:	Marchan	-14 CArl	insection.	Lucia	/ 5
	422.1	DUE TO					1
	Conditions, if any	, which) (b)					
	gave rise to imm cause (o), stating the	mediate (DUE TO					
	lying cause last.	(c)					
ON	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEASE CONDIT	TON GIVEN IN PART 1(19. WAS AUTOPS PERFORMED?
CAT			201	15			YES NO
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY MI	CAUSE OF DEATH	CRIBE HOW INJURY OCCUI	RRED. (Enter nature of inju	ury in Port I or Port II of iten	n 1B.)	
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	While	1 1	PLACE OF INJURY (Home factory, street, office bldg		(Cour	nty) (Stol
	21 I cartify that	(I) (this hospital) attend	had the deceased from	n JUNE	10/1 to 57	14 196/	that (I) (we) la
	sow the deceosed	/ / / /			J.C.M., from the cau		
	22a. SIGNATURE	d'allive on	Williams	death occorred of	ZZZZYY, II dill Tille Calc	ses and on me a	22b. DATE
	11111	frankeit	Ken hill	M.D. PHYS.	MED. STAFF PHYS.		8 IGNE
	22c. PHYSICIAN'S			22d. ADDRESS			1 7
	NAME (Type)	MIROTHS	TELL MID	- 75 BRG	1774109-1	301786K	6 -111
230	BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City	y, tawn, or caunty)	(State)
	Burial (Specify)	5/17/61	Laurel Hi	11 Cemeter	y Mose	cow,	Md.
24.	FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS			Sb. REGISTRAR'S SIGNA	TURE
	George Ei	chhorn	Lonaconing	Md. DA	MAY 1 7 '61	Callen 9 .	4

Lonaconing, Md.

VR A1S (4) 1SM 9/S9

George Eichhorn

TO HOSP

ASTRONOMIA DE PARE DIVADENTE Markell Takenda Thursdan Lin Assund Tolor Moseon, Ida Doorge Manhors T attended agreed

and 2 should be filed with TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours, after death. TENDING PHYSICIAN: The law requires that the death certificate be executed within 24

		DIVISION OF	RYLAND STATE D	EPARTMENT OF		YLAND		
1	5011		CERTIFICA	TE OF DEATH			05	001
y	PLACE OF DEATH O. COUNTY ALLEGA	NY	MARYLAND	2. USUAL RESIDENCE (WI		1 COLUMN	idence befor	
	b. CITY OR TOWN (If outside corpo RURAL ond give neorest lown) Cumberland	orate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		limits, write RURAL o	nd give nea	rest town)
	d. NAME OF HOSPITAL (If not in he or INSTITUTION Allegany Cour			d. STREET ADDRESS	ina S b r	reet		ON A FARM? YES NO [
3.	NAME OF DECEASED	First	Middle	Lost	4. DATE OF DEATH	Month May	Day	y Yeor 19 6 I
5.	SEX 6. COLOR O	R RACE 7. MAI	Elizabeth	8. DATE OF BIRTH	9. A			IF UNDER 24 H
10	Female Whi		VED DIVORCED	4/28/1873		38 yrs.		
	o. USUAL OCCUPATION (Give kind during most of working life, even Housewife FATHER'S NAME	of work done lut	Ownhome	Mary 1	and Cu	mberland		A .
	John T. G	riffin		Laura	V. Joh	nson		
	. WAS DECEASED EVER IN U. S. ARA (es. no, or unknawn) (If yes, give war o		None A	P.O.Bo	x 599	Cumbe :		-
	18. CAUSE OF DEATH [Enter on PART I. DEATH WAS CAUSED IMMEDIATE OF THE PART I. DEATH WAS CAUSED IMMEDIATE OF THE PART I. DEATH WAS CAUSED IMMEDIATE OF THE PART IN	SED BY:	lips for (o), (b), and (o):]	joeardia	Dege	west	INTE	ERVAL BETWEEN
	Conditions, if ony, which	DUE TO (b)	ereteral!	arterio	scle	rosio		?
	gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO	Kronic	nephr	itio			?
CATION		NT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	enaldisease co	ndition given in	PART 1(o) 1	9. WAS AUTOP PERFORMED? YES NO
CERTIF	20a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING [] CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA	DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port 1 or Port 11 o	f item 1B.)		
DICAL	20c. TIME OF INJURY Month, [Hour o. m.	Doy, Yeor 20d. Whil	6-	ACE OF INJURY (Home, for ctory, street, office bldg., etc		own)	(County)	(Sto

of work of work p. m

21. I certify that (I) (this haspital) attended the deceased fram I/II1/59 5/7/6I, 19___, that (I) (we) last __, 19___ , .ta___ 1930 PM that death occurred at____ saw the deceased alive ar5/6 .M, from the causes and an the date stated above. 22b. DATE 22a. SIGNAT SIGNED ATTENDING PHYS. MED. DIRECTOR X 22c PHYSICIAN'S 22d. ADDRESS

James E. McLean

Greene St., Cumberland, 23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY

23a. BURIAL, CREMATION,
BREMOVAL (Specify) 5-9-61 Cumberland, Md. St. Mary Cem 2Sb. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR'S SIGNATURE Pelli Cumberland, Md.

23b. DATE THEREOF

250. REC'D BY REGISTRAR 0 '61

Coothing S. Threes

VR A15 (4) 15M 9/59

the haspital ar attending physician

V. Daniel V. Townson The second second . M. Charles Company Company and the company of the I make the transfer that the transfer of the t THE PART OF THE PROPERTY OF THE PARTY OF THE The transfers of the company of the Jacob P. Bornelli Combet Line, 2011 TO HOW AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

See death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complementally the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyem, within 72 hours after death

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 5012 05009

				UUN
1. PLACE OF DEATH a. COUNTY		E (Where decessed lived,		e before edmission)
AT.T.FGANY MARYLAND	e. STATE MARY	T.AND		LEGANY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b		outside corporete limits, w		
write RURAL end give neerest town)			0.1	
CUMBERLAND 2 days 19 hrs		RLAND	Mr oly	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		,	ON A FARM?
SACRED HEART DECATUR STREET	213 W. 2nd	ST.		YES NO
3. NAME OF First Middle DECEASED	Lest		nth Dey	Yeer
(Type or print)Marie JOSEPHINE	CALVETTO	OF DEATH 5	27	1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH			IF UNDER 24 HRS.
FEMAT.R. WIDOWED DIVORCED	#3/71/89	72 vrs.	Months Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Count)	y & State, or foreign country	ry) 12. CITIZEN OF	WHAT COUNTRY?
done during most of working life, even if retired)	TOTAL CO			
House Wife Ownhome		ecchio Chi	ete	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	NAME	/=	
ANTHONY BAZEELI (DECEASED)	Mary Dar	occo	(DECE	ASED)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown) (Ifyesgivewerordatesofservice)	NFORMANT	Addr	ess	
	CHART			
NO NONE [1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Ollifica	- 1	INTE	RVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	111	1 A	ONS	ET AND DEATH
IMMEDIATE CAUSE (a)	myre	oracke		10 900
DUE TO	Myra			101/-
	Vu	Thuck	/	1 Vyz
geve rise to immediate cause (a) stating the underlying DUE TO				
(e), steting the underlying Cause last,				1/
	T RELATED TO THE TERMIN	AL DISEASE CONDITION O	SIVEN IN PART 1(a) 19	WAS AUTOPSY
OFICE - arl	7			PERFORMED?
	ville		Y	ES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING CAUSE OF DEATH 10 (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Pe	ert I or Part II of item 18.)		
	CE OF INJURY (Home, farm,	201 (City or town)	(County)	(Stete)
ZDc. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 20e. PLA While Not While fech et work et work	ory, street, office bldg., etc.)	201. (City of lowing	(6001117)	(31010)
₹ p.m. 19 et work et work				
21. I certify that (I) (this hospital) attended the deceased from	1900	9, to 5	27., 196./, th	at (I) (we) last
saw the deceased alive on 3 27 and that	death occured al			
20a. SIGNATURE	1		0.00 011 1110 001	22b. DATE
1 4 100	ATTENDING	ED. STAFF RECTOR PHYS.	7	SIGNED
22 AYSIGIAN'S TOURS	.D. PHYS. DI	KECIOK [] PHIS. [
NAME (Type)	22d. ADDRESS			
DR. J. T. JOHNSON MO	16 GRE	EN STREET CU	MBERLAND. 1	MD
238 BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	town or county)	(Stete)
Burial 5-3I-6I Sunset Memo	orial Dank	Cumberlan	5M 5	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		D BY REGISTRAR 25b.		URE
James F. Scarpelli Cumberland, Md.				
oamon 1. Ocal pertit oamber talla, ma.	DAMAY	31'61 1 4	other S. Trans	

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MARYLAND STATE DEPARTMENT OF HEALTH

5013 CERTIFICATE OF DEATH U5003

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edmission						
ALLEGANY MARYLAND	MARYLAND 6. COUNTY ALLEGANY						
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)						
CUMBERLAND II DAYS	CUMBERLAND						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) MEMORIAL HOSPITAL	d. STREET ADDRESS a. IS RESIDENCE ON A FARMY						
WARWICK & MEMORIAL AVENUES 3. NAME OF Middle	428 SEYMOUR STREET YES NO X						
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer						
(Type or print) VIOLET G.	CLAY DEATH MAY 9, 19 61						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.						
FEMALE WHITE WIDOWED DIVORCED	DECEMBER 5, 1908 52 yrs. Months Deys Hours Min.						
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY						
Housewife Own Home	CUMBERLAND, MD. U. S. A.						
43. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
JAMES PAGUE	GEORGIANA MC KINNEY						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgive were of detes of service)	INFORMANT Address						
no	MEMORIAL HOSPITAL - CUMBERLAND, MD.						
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 2124211	2 hopks						
DUE TO	of he have						
10/_	Conditions, if eny, which (b) They orandetes a Desample was the Here						
geve rise to immediate cause (e), stating the underlying DUE TO	21 T + C - 01 P						
ceuse lest. (c) free story	Metastares Care of L Press 3-vice,						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?						
3 Last masteriting for Co	arrangement Safet 1860 YES NO D						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AU PERFOR YES NOT 1860 YES NOT							
<u> </u>	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)						
Hour e.m. While Not While twork et work □	in the stage, are.						
21. I certify that (I) (this hospital) attended the deceased from.	5-67 1960 10 200 9 , 1966 that (1) (we) las						
saw the deceased alive on way 9 1961, and that	death occured a 9:05AM rom the causes and on the date stated above						
226. SIGNATURE	22b. DATE						
Clay Duret	A.D. PHYS. MED. STAFF DIRECTOR PHYS. STAFF						
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS						
DR. CLAY E. DURRETT	303 GRAND AVE., CUMBERLAND, MD.						
23e, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)							
Burial 5-11-1961 St. Mary's	Cemetery Cumberland Md.						
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
James F. Scarpelli, Cumberland, Mo	d. DATE MAY 15'61 Circlar S. Kraus						

funeral within 24 hours after TO HOW ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours death. Fage 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complementally the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 is be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60 VIELDEY TO TERRES CHRIST CANDER PORPLY - CENTER CO. D. DO. CLAYAT. DIRRETT. TO STOR DEATED AVE. : DESERVAD. PO. THE BUT DESCRIPTION OF THE PROPERTY AND ADDRESS OF THE PARTY AND ADDRES THE ROTE OF THE PROPERTY OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05004 CERTIFICATE OF DEATH 5014

1. PLACE OF DEATH a. COUNTY		USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY				
ALLEGANY	MARYLAND	MAR	YLAND	ALLEGANY		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporata limits, writ	e RURAL and giva nearest town)		
CUMBERLAND	1.1. DAYS	CHMBERT.	AND, MARYLAND			
d. NAME OF HOSPITAL OR INSTITUTION (if not In ho		d. STREET ADDRESS	TIMELIMINE	a. IS RESIDENCE		
				ON A FARM?		
SACRED HEART HOSPITA'				CUMBERLAND YES 🗆 NO 💢		
3. NAME OF First DECEASED	Middle	Last	4. DATE Mont	h Day Yaar		
(Type or print)	G.	CLINE	DEATH 5	25 19 61		
5. SEX 6. COLOR OR RACE 7. MARRI		DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.		
		07 00	last birthday)	Months Days Hours Min.		
A STATE OF THE PARTY OF THE PAR	CIND OF BUSINESS OR INDUSTRY	2-27-92	69 yrs.	1 12. CITIZEN OF WHAT COUNTRY		
done during most of working life, even if retired)		Elk Garde	ty & Stata, or foreign country)	12. CHIZEN OF WHAT COONIKI		
HOUSEWIFE)wnhome	WEST, VI		UNITED STATES		
HOUSEWIFE 13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
CERTAIN AND AND AND AND AND AND AND AND AND AN		SUSAN K	ENNEY (DECEAS:	ET)		
GERGE WARNER (DECEASED) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. IN	FORMANT	Address	-		
(Yes, no, or unkown) (Ifyesgivawarordatesofservice)						
		homas A.	Cline Cumber			
18. CAUSE OF DEATH [Entar only one cause per	lina for (a), (b), and (qf.)	/)	/_,	ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY:	dias or Tulm	may Tho	tarchon	12 hrs.		
154 X DUE TO O		1	Λ			
	1. 1),	11)	Year		
gave rise to immediate cause (b)	was stronge	ngum		15422		
(a), stating the underlying DUE TO			0	6.5.		
causa last. (c) Opu	when - abdom	no - Jun	nel lesictor	ر المحمد		
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS ACTOPSY PERFORMED?		
LEAN (OLICIAN) 1. ft.	it 1: in	t- 114.		YES NO 14		
PART II. OTHER SIGNIFICANT CONDITIONS CO Cacinona Letum 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CHITTER NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED.					
OR CONTRIBUTING CAUSE OF DEATH	Canal II o w II you o account.					
	INJURY OCCURRED 20e. PLAC	E OF INJURY (Homa, farm ry, street, offica bldg., atc.		(County) (Stata)		
Hour a.m. While was the work of the work o	- 1101 1111110	y, silver, officer brogs, area				
21. I certify that (I) (this hospital) after	and the deserred from	1960	10 10 50 50 - 2 1	106/ that (1) (wa) las		
21. I certify that (i) (this hospital) after	ided the deceased from		17, 10	, 1717.2, Inal (I) (we) las		
saw the deceased alive on 5-2-5	19, and that	death occured at	M, from the causes	and on the date stated above		
22a. SIGNATURE	1	ATTENDING _/ MED. STAFF 22b. DAT				
allow Str	m.c	DILLING FIRST	PHYS.	5-27-41		
22c. PHYSICIAN'S			DATE THORE AT	TE CTIMPEDIAND MO		
NAME (Type) CARLTON BRINSFI	ELLY M.D.	236	. BALL IMORE AV	E. CUMBERLAND, MD		
23a, BURIAL, CREMATION, 23b, DATE THEREOF	1 23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, to	wn or county) (Steta)		
REMOVAL (Specify)	St Patrick C		Cumberland			
Burial 5-29-6I	Dr Latitok					
James F. Scarpelli C	umber Tand, Md.		D BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE		
James 1. Dear perri	amoor markey sade	DATEMA	Y 31'61 a	ribury S. Kraus		

Visit Co COLUMN CO 203 PERMITTANTA AVA. AND STATES EGG. 20-21-92 E 2-21-92 SIGNATURE Thomas A. Ciler Spane No. The National Control of the Control THE SECOND OF TH . C. S Ville summer or car y days as . De la company . be rome laboured fifteen as a column

funeral vithin 24 hours after TO HOS AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complets director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 h

M and complete. Med in by the carbon papers. Pages I and 2 within \$2 hours after death. VR A15 (4) 1SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

5015	CERTIFICATE	OF DEATH		05กกส
1. PLACE OF DEATH a. COUNTY ALLEGANY	MARYLAND	a. STATE MARYL	b. COUNT	stitution, Residence before admission) Y ALLEGANY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CUMBERLAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate limits, write f	
d. MEMORIALABBETTAL (If not in hos) WARWICK & MEMORIAL AVEN		d. STREET ADDRESS	MORIAL AVENUE	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Typa or print) SUDIE	Middle Virginia		4. DATE Month OF DEATH MAY	119
5. SEX 6. COLOR OR RACE 7. MARRIEI FEMALE WHITE WIDOWEI 10a. USUAL OCCUPATION (Give kind of work 10b. Kl		FEBRUARY 6,	1002 / 19 yrs.	F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY
dona during most of working lifa, even if retired)	wn home		Brunswick, Md.	
PAUL LONG 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IF	MARY FRANC	IS VALENTINE	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONCEPTIONS CONC	ne for (a), (b), and (c).) patitis coma undice rtal cirrhosis nary arterioscl utributing to death but not ventricular hype	erosis; myoc RELATED TO THE TERMIN ertrophy; pu	NAL DISEASE CONDITION GIVE	INTERVAL BETWEEN ONSET AND DEATH 4 days 17 days ? S: N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER. NOTIFY MEDICAL COATH COALCING OF THE C	Injury Occurred 2De. PLAC facto A work ded the deceased from	; hypertensi E OF INJURY (Home, ferm ry, straet, office bldg., atc.	on 20f. (City or town)	(County) (Stata)
22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	COBSON M.	ATTENDING PHYS. 22d. ADDRESS	MED. STAFF PHYS.	22b. DATE 5/13/61
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Symbol 1. 5/13/61 24 FUNERAL DIRECTOR'S SIGNATURE John J. Hafer, Cumberlan	Hillcrest Co Address d, Md.	emetery	Cumberland	n or county) (State) Maryland

YAM - TTD4992 At 15 YE - 310 S. PLESUARY A. VESTI TO Mediantia Constant accorded and allegation LOS CONTROL NOBRITAL - CURRENTED AT TOREST .9.301:00 THE SHARE IN ACCESON OF THE THE PROPERTY OF THE ST. STATES AND ASSESSED IN carries 5/2/64 Estimates Garagay Combottem, tarytrod 10 0 1/2 John J. Hafter, Camburdand, Mt.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 05007

	PLACE OF DEATH COUNTY				2. USUAL RESIDEN	VCE (Where de	ceesed lived, If b. COUN		nce before	dmission)
	A11	egany		MARYLAND	74	land		4 9 9	N. C. C. C.	
-1	b. CITY OR TOWN (i	fourside corporate lim give neerest town)	its,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp	orete limits, write	RURAL and give	nearest tov	vn)
-	Cumberlan	d		3yrs.	Cumber			03		_
	d. NAME OF HOSFI	AL OR INSTITUTION	if not in hos	pitel, give street eddress)	d. STREET ADDRESS					ESIDENCE A FARM?
	523 Cumbe	rland, Si	treet	Middle	523 Cu	mberla		eet	YES _	NO
1	DECEASED (Type or print)	C an arri arr		Middle	Lest	4. DATE OF	Month			0.3
-	5. SEX	Geneviev	_	R.	Cullen	DEATH	21200		4 17	01
	5. SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED N	. DATE OF BIRTH		. AGE (In yeers last birthday)	Months Devs	Hours	Min.
	P USUAL CONTRACT	AA	WIDOWE		10-27-1893		67 yrs.			
1	10a. USUAL OCCUPATI	ION (Give kind of wor rking life, even if retire	k IDb. KI	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	inty & Stete, or	foreign country)	12. CITIZEN	OF WHAT	COUNTRY?
	Retired W	aitress	Res	taurant	Allegat	ny Cou	nty, Md	· U.	S.A.	
7	Timothy C	ullen			Bridget		ne			
1	15. WAS DECEASED EVI	ER IN U.S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO. 17.				Cumberl	and	Md.
П	(Yes, no, or unkown) (If	fyesgivewerordatesof:	ervice)		s. Hohn M.	Bnwa		~ .		~ .
				ne for (e), (b), end (c).)	S. MOITH M.	Dr. Ago	011,020		TERVAL BE	WEEN
	PART I. DEATH	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Ø.	en etactuti	c Carcin	ma	,	0	HSET AND	DEATH
	171x	DUE TO								
Conditions, if ony, which (b) Carcinoma of Cerrit 2:						22,	overe			
1	geve rise to immedia (a), steting the un	OUT TO						A LINE		
-1	cause lest.) (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUT						RMED?				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. YES 2Db. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					YES	NO D				
	20c. TIME OF INJUI	RY Month, Dey, Ye			CE OF INJURY (Home, fer		or lown)	(County)		(Stete)
1	Hour a.m.	19	While et work	1401 1111110	ory, street, office prog., en	.,				
-	21. I certify th	hat (I) (this hospi	tal) attend	led the deceased from.	8 ang	19-5-9 to	27m	267, 1961,	that (I) (we) last
-				an 1961, and that		M, from				
	22e. SIGNATURE	0		^						. DATE
Н		Hames,	01	tegmarer M		MED. DIRECTOR	STAFF PHYS.		5-	29-6
Н	22c. PHYSICIAN'S	7			22d. ADDRESS					
	TYANE (1750)	James G.	Ste	gmaier, M.D.	122 S.	Centre	e St.,	Cumber	land,	Md.
	23e. BURIAL, CREMATIC	ON, 236. DATE THE		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOC/	ATION (City, tox	yn or county)		tete)
	Burial (Specify)	5/30/61		St. Michael		From	stburg		F	/ld.
	24 FUNERAL DIRECTOR	S SIGNATURE HE	fer I	Funeral Home	25a. RE	C'D BY REGIST	BAR 256. REC	GISTRAR'S SIGNA		
1	Bulch H.	Morelixar	E. 1	Main, Frosth	urg, Md DATE	BUIT A		Cirthur S. 1	Hall	

mental , one Exemple 538 all and the second of the second * . WENTERDAM 1992-18-1146 151, 2012 1, 304911, 68, 50 20 3 114 65, . Bullianets variatement ortaniale and The state of the s

TO HOS

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5017 CERTIFICATE OF DEATH 05008

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
o. COUNTY Allegany MARYLAND	a. STATE Md. b. COUNTY Allegany
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporeta limits, write RURAL and give neerest town)
write RURAL and give neerest town) Brostburg 15 Hours	X Paradaman
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	Frostburg d. STREET ADDRESS o. IS RESIDENCE
	ON A FARM?
Miners Hospital	Box 110, R.D. #2 (Zihlman) YES NO X
3. NAME OF First Middle DECEASED TO THE TOTAL OF THE PROPERTY	Last 4. DATE Month Dey Yeer OF
	INGHAM DEATH 5 29 19 61.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
M WIDOWED DIVORCED	6-11-15 45 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Laborer Kaiser Alum.	Zihlman U.S.A.
13. FATHER'S NAME Refractories	14. MOTHER'S MAIDEN NAME
Thomas H. Cunningham	Mary Jane Allen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unknown) (Ifyesgivewerordetesofservice)	Apt. 105 ddress 19 Ridge Rd. 1
Yes W.W.#2 212-10-6308 Mi	ss Gertrude Cunningham, Washington, D.
1B. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Is Anake Incumonia 2 Says
5 - 7.1 DUE TO A	
Continue of the sand of	The lan engly to House 2 week
Conditions, if eny, which geve rise to immediate cause	-1/Weller //1449
(e), steting the underlying DUE TO	
ceuse lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
TY.	YES NO
200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED). (Enter neture of injury in Pert I or Pert II of Item 1B.)
206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
Hour a.m. While Not While	tory, street, office bldg., etc.)
p.m. 19 et work at work	
21. I certify that (I) (this hospital) attended the deceased from.	May 29 1961, to May 29, 1961, that (1) (we) last
	death occured
22a. SIGNATURE	22b. DATE
WHIMC I timo	ATTENDING MED. STAFF PHYS. May 30/66 P
22c, PHYSICIAN'S	22d. ADDRESS
NAME (Type) // Cline M.	(1) Frozibush Mil
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (Oy, town or county) (Slate)
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	
Burial 5-31-61 St. Michaels	Come tery Frostburg REGISTRAR'S SIGNATURE
24 FUNERAL DIRECTOR'S SIGNATURE Hafer Funer Home	25%. REC'D BY REGISTRAR 2355 REGISTRAR'S SIGNATURE
Reulah H Menting E. Main Frostbur	

RIMEU I to the contract of the contr and the state of t 1 4 - x U THORNES HE DURNINGS IN on . L. on the contract of the I some de trait in the section 19 3 holy And the state of t

TO HOSTON OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Part 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. The funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be disable prior to burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be disable prior to burial, cremation, or removal, and incompression, within 72 hours after death.

VR A15 (4) 15M 9/60 PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

5018

CERTIFICATE OF DEATH

11 2 USUAL RESIDENCE (Where decased lived, If institution: Residence before admission)

a. COUNTY	. 4 5 50 0 4 4 4 4		a. STATE	b. COUNTY	
	ALLEGANY	MARYLAND	WES"	T VIRGINIA	
write RU	TOWN (if outside corporate limits, RAL end give neerest town) UMBERLAND	c. LENGTH OF STAY IN 16		(If outside corporate limits, writa RURA	
	DRISTIAL ABSPITTAL (if not in I		d. STREET ADDRESS	25	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASE	First	Middle	Last	4. DATE Month	Day Year
(Type or prin			DASHER	DEATH MAY	19. 1961.
	6. COLOR OR RACE 7. MAR WHITE WIDOV CCUPATION (Give kind of work 10b.		NOVEMBER 24		DER 1 YEAR IF UNDER 24 HRS.
done during mo	ost of working life, even if retired)		DURGON,	W.VA.	U. S.A.
	HARPER		ELLEN JU		
	ASED EVER IN U.S. ARMED FORCES? 1	4 SOCIAL SECURITY NO. 1 47		Address	
	own) (If yes give we ror detes of service)				
1.0 0000			MEMORIAL HOS	SPITAL - CUMBERLAN	
	J. DEATH WAS CAUSED BY:	er line for (e), (b), end (c).)	11:11	0	ONSET AND DEATH
PARI	IMMEDIATE CAUSE (a)		was for	2000	3 MARTA
Conditions,	DUE TO (b)	. S. and Hyperle	mis Her	it durance	3 years
gave rise to	the underlying DUE TO	n. arterio	relows		?
CATIO	I. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM		PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO STATEMENT NO
OR CONTR	DENT WAS UNDERLYING [] IBUTING [] CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	describe how injury occured	. (Enter natura of injury i	n Part I or Part II of item 18.)	
0	r a.m. W	d. INJURY OCCURRED 20e. PLA hile Not While fact work at work	CE OF INJURY (Home, fa ory, streat, office bldg., a		(County) (State)
	rtify that (I) (this hospital) att	4 4		190, to 19 mag	
22e. SIGN		Mas	.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
22c. PHYS NAM	E (Type)	ORMER	22d. ADDRESS	CENTRE ST., CUMB	ERLAND, MD.
Jusia	K May 21-196.	23c. NAME OF CEMETERY	OR CREMATORY	Hookefield	- A. Ja.
24 FUNERAL D	INECTOR'S SIGNATURE PET Th	was & San Mos	erfuld a DATE	AAY 3 1 '61 256. REGISTA	AR'S SIGNATURE
			/		

MUDULIN Dupling L. W. THE SECRETARY OF THE PROPERTY of spelling that shower it was which the warms and the same DE. M. M. OLIN DRMER 125 S. CONTROL SY., Column Brown, No.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CEDTIEIC ATE OF DEATH

U5n1n

	5.87.2		CLKIII	CAI	L OI DLAII				OAW
1. PLACE OF DEATH a. COUNTY	llegany		MARY		2. USUAL RESIDENCE (a. STATE Mary		d lived. If instituti b. COUNTY		perfore admission)
RURAL and give n	If outside corporate limit earest tawn) CONING	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (outside corpo		URAL and give	nearest tawn)
OR INSTITUTION	TAL (If not in hospitol, gi				d. STREET ADDRESS	eganv	Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Thomas	it	Middle Baker		Dick	4. DATE OF DEATH	Mon		Day 700r
5. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIE	D 🔲 8.	DATE OF BIRTH		9. AGE (In years last birthday)		EAR IF UNDER 24 H
Male	White	WIDOWE		-		1884	77 yrs.		
Retired	ON (Give kind of wark of king life, even if retired) Insurance			R INDUST	Lonacon	ning,	ountry) Marylan		S.A.
13. FATHER'S NAME					14. MOTHER'S MAIDER				
	Thomas Did		COSINI SESSIBILITY NO	Law INDE	ORMANT Mai	rgaret	Schuly	rler	
(Yes. no. or unknown)	ER IN U. S. ARMED FORG		SOCIAL SECURITY NO		cs.Thomas	Dick	-	coning	g. Md.
Canditions, if a gave rise to cause (o), stoting lying couse last. Z PART II. OT	the under-	7	Lypertens	Live			Renal SE CONDITION GIVE		years (0) 19. WAS AUTOP PERFORMED?
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED.	(Enter nature of injury	in Port I or Par	rt II of item 18.)		YES NO
20c. TIME OF INJUI Hour o. m. p. m.	RY Manth, Doy, Yea	While of work	NJURY OCCURRED Not while at work		E OF INJURY (Home, for try, street, affice bldg.,		y ar tawn)	(Cau	onty) (Sto
21. I certify the	at (I) (t his hospital sed alive an 7) attend			ath accurred at 2	ml.	//		, that (1) (co) lo dote stated above
22a. SIGNATURE	John B	1. 6	davis,	M	D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		22b. DATE SIGN
22c. PHYSICIAN'S NAME (Type)	John	B	. DAVIS,	mI	22d. ADDRESS 2 Brown	odwo	y, Fro	stown	9, md
23a. BURIAL, CREMATIC BEMOVAL (Specify BURIAL)	5/26/6	L	Sunset N		crematory rial Park		TION (City, town, mberlan	d, Md,	(State)
24. FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS		2Sa. Ri	ECIP BY REGIS		ISTRAR'S SIGN	
George E	ichhorn	L	onaconing	s, Me	d. DATE			arthur S.	Piraus

VR A15 (4) 15M 9/59

AT HOUSE, O'THERE'S . The contract of the contract descriptions of the subsection of the subsection

MARYLAND STATE DEPARTMENT OF HEALTH

VISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	DIAISION O	F STATISTICAL KESEAKCH AND	KELOKI	D2 - RATIIV
5020)	CERTIFICATE	OF	DEATH

41			0	4	4	1
$_{U}$	4	L.	Н	-1	2	_
			C	G. S.		

35											
1.	PLACE OF DEATH o. COUNTY	477	Pile	MARYLAND	o. STATE		-	b. COUNTY	477		
)-	L CITY OF TOWN (IF	Allegany outside corporate limits,	write	c. LENGTH OF STAY IN 16		ryla		rote limits, write R		egan	
/	RURAL ond give nee		, write					role lillins, write k	OKAL Olla 9	ive negres	, towny
	Fros	Lourg		5 Yrs.		ostb	urg		OL.		C DECIDENCE
	OR INSTITUTION				d. STREET	ADDRESS				7	S RESIDENCE ON A FARM?
L	7 N.	Grant St	tree	t	7 N	. Gr	ant S	treet	- 4	Y	ES NOX
3.	NAME OF DECEASED	First		Middle	lo	st	4. DATE OF	Mon	ith	Day	Year
	(Type or print)	Jess	ie	Lucille	Eng	le	DEATH	May	1	20th	19 67
5.	SEX	6. COLOR OR RACE	7. MARRI	IED NEVER MARRIED	8. DATE OF BIRT	Н		9. AGE (In years lost birthdoy)			
F	emale	White	WIDOWE	D DIVORCED 1	March 3	Oth.	1891	70 yrs.	Months	Days H	lours Min.
	. USUAL OCCUPATIO	N (Give kind of work do	ne 10b.	KIND OF BUSINESS OR INDU			or foreign co	ountry)	12. CITI	ZEN OF WI	HAT COUNTRY?
L		ing life, even if retired)	A 7 3	uminum Co.	Mar	vlan	d.			USA	
13.	FATHER'S NAME	ckaser.	PL-L	districting CO.	14. MOTHER	4				ODA	
							A	7.2			
15	John Mu	IN U. S. ARMED FORCE	ES2 114 4	SOCIAL SECURITY NO. 17 I	NFORMANT	usan	Arno	Add	ress		
		If yes, give war or dates of serv				7	77 C			47	. 3/2
			580	-55-0305 ET	mer Eng	Te,/	N.Gr	ant St.	Fros		
	T. C	TH [Enter only one cous	se per lin	ne for (a), (b), and (c).]	-	1		1			AL SETWEEN AND/DEATH
	PART I. DEAT	TH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)_	00	ronary	040	cle	ist	on		In	stant
	420.	DUE TO	71	1 , 1 (1					1	-
	Conditions, if on	y, which)	De	who tem	dine	- (1-	-U d	Islas	e	13	year?
	gove rise to in		11	1 The state of the	9					1	1
	lying cause lost.	he under-	//							,	
Z		ER SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DEATH BU	NOT RELATED T	O THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	T 1(o) 19. V	WAS AUTOPSY
CATION										1	PERFORMED?
I C	20g ACCIDENT WAS	S LINDERLYING TO 2	Oh DESC	CRIBE HOW INJURY OCCURRE	D (Enter nature	of injury in	Port Lor Por	t II of item 18.)			10 HO JET
L CERT	OR CONTRIBUTING	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	JOB. DESC	and How Hook Occount	D. (Ellier Harore	o					
MEDICAL		Month, Day, Year	1	6.	ACE OF INJURY			or town)	(0	County)	(Stote)
MED	Hour o.m.	19	While of work	Not while of work	2101), 311001, 3111	Le Brage, ere	"				
	Ot I soutifue them	(1) (alein beenieel)	meta m al	ed the deceased fram.	6-1	10	59.	5-20	106	/ that	(I) (we) last
	1		**	P. 1 :		11.131	111	.1			
	saw the decease	ed alive an	-	1992., and that	death accurre	ed of I	.M, fram	the causes ar	nd an the	a date st	2% DATE
	220. SIGNATORE	#.C.	D	ull	M.D. ATTENDIN		ED.	STAFF PHYS.		الله الله	SIGNED
	22c PHYSICIAN'S NAME (Type)				22d. ADDI	RESS					7 (0
	I I I I I I I I I I I I I I I I I I I	H. C. Diek	al.	11	391	W. Ma	in S	treet,F	rosth	ourg.	Md.
23	a. BURIAL, CREMATION	N. 23b. DATE THEREOF		23c. NAME OF CEMETERY C				TION (City, town,			(Stote)
	Burial (Specify)	5-23-61	1	F'bg.Memoria	al Park			ostburg	,,	1	Md.
24	FUNERAL DIRECTOR'S		-	ADDRESS	at lain		D BY REGIST		STRAR'S SIC		1104.6
24	1	14-	1		Wa	13.2	1 246		Thur &		
	y . //.	-urz	1	Frostburg	Ma.	DATE					

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... tagus desert in your contract tagus desert same established Eliabeth L - Andrews and the first the same of the Carried area AND COLUMN THE STATE OF THE LOCAL PROPERTY OF THE STATE O

by the 2 physician Геш attending pl 2. and oval, hospital or certificate t r use as the prior for After hay be recalled FUNERAL di-0

VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give neerast town) CUMBERLAND 20 DAYS Averial, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? lesTMASTER MEMORIAL HOSPITAL YES NO 3. NAME OF Middla Month DECEASED ROBERT DEATH 61 (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED V NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) Months Hours MALE WIDOWED 1Da. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) MARTINSBURG. W. U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM G. FAWVER MARY E. AMBROSE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give war or dates of sarvice) - CUMBERLAND. MD. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDI TE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immediata cause DUE TO (a), stating the undarlying ceusa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? NO X 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, (Stata) 2Df. (City or town) 2Dc. TIME OF INJURY Month, Dey, Yeer factory, street, offica bldg., etc.) While Not While at work et work p.m Nlay 19 19.61, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from [.T.]

saw the deceased alive on May .. 19.6 22b. DATE 22a. SIGNATURE ATTENDING MED. STAFF SIGNED DIRECTOR PHYS. PHYS. M.D.

DATE THEREOF

22c. PHYSICIAN'S

NAME (Type)

23a, BURIAL, CREMATION, | 23b.

WASHINGTON & CUMBERLAND STS., CUMBERLAND, (State) MD 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Cityrlown or county)

256. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR

22d. ADDRESS

arthur S. Traces

4 () 1208 ATTEMPT & PERSON AND THESE TREE W. W. H. S. A. C. REMOVED TO PALLITE SETTEMA .3 VALUE the street of the second street in the land DR. CALVIN Y. HOTOTAN WASHINGTON & COMMERCAN STR., TUNBERLILL. . Con the

A	MARYLAND ST	ATE DEPARTME	NT OF HEALTH-	-BALTIMORE,	18
5022	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	R

244 0	PLUID A	11-11-12-12	PI MICHAUDI		D7 (D11111 D1110)
N	EDICA	LEXA	MINER'S	CERTIFICATE	OF DEATH

Reg. Dist. No. U5013

U UIs IS					
o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Where of one STATE Maryland			
CITY OR TOWN If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside		RURAL ond give n	learest town)
Cumberland	2 Days	Rural near Ol	dtown	<	
d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS	1		e. IS RESIDENCE ON A FARM?
Memorial Hospital		Rt. #1, Oldto	wn		YES NO
3. NAME OF First DECRASED (Type or print) RICHARD	Middle LEE	FLETCHER 00	ATH May	h Day	Year 19 61
Mana LDos+a	RRIED NEVER MARRIED 8.	Jan. 12, 1951	9. AGE (In years lost birthday) 10 yrs.	Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN O	F WHAT COUNTRY?
Student	Public School	Cumberland, N	iaryland	U	J. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Richard W. Fletche	r	Betty Kir	ser		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		IFORMANT	Addres		
No	None Ric	chard W. Fletche	r, Rt.#1,	Oldtown,	Maryland
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse tast.	GUNSHOT WOUND			3	2 Days
PART II. OTHER SIGNIFICANT CONDITIONS 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.	CONTRIBUTING TO DEATH BUT IN	OT RELATED TO THE TERMINALD	SEASE CONDITION OF		PERFORMED? YES NO
250	cribe How INJURY OCCURRED. (E- ccidental guns	not wound of		stril	
		E OF INJURY (Home, form, 20f	(City or lown)	(County)	(Slote)
5:30 p. m. May 1 19 61	Vhile Not while Tocio		oldtown.	Alleg.	Marylan
21. I certify that I took charge af th	e remains described above	ve, held an Autopsy 🔀	, Inspection 🔀	, Inquiry 🗶	, and find that
death resulted from: Natural causes	Accident K., Suid	ide 🔲, Hamicide 🔲,	Undetermined	cause .	
ACTUAL Benedict Sk	itarelia	_M.D. CHIEF MEDICAL EXAMINE			DATE SIGNED
	ltarelic, M.D.	ASSISTANT MEDICAL EXAMI	_	3, 1961	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 5/6/61	22c. NAME OF CEMETERY OR Twigg Cemetery		ocation (City, town,		(Stole) ldtown, M
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY R	EGIŞTRAR 246. REG	ISTRAR'S SIGNATU	RE
John J. Hafer. Cumberland	d, Maryland	DATE MAY 4	'61 a	Mus J. Make	

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15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

of statistical research and records, 301 w. preston street, Baltimore 1, Maryland CERTIFICATE OF DEATH 05014 DIVISION

		PLACE OF DEATH			2. USUAL RE	ESIDENCE (Where de	eceesed lived, If b. COUN		ence before edmission)
			YIANV	MARYLAND		MARYLAND	b. cool	ATJEX	CANY
)		b. CITY OR TOWN (If	outside corporate limits, give nearast town)	c. LENGTH OF STAY IN 16		TOWN (If outside corp	orete limits, writ		
4	-		RIAND	5 DAYS	CUM	BERLAND		U.Z.	
٦		d. NAME OF HOSPITA	AL OR INSTITUTION (if no	of in hospital, give street eddress)	d. STREET A	ADDRESS			e. IS RESIDENCE ON A FARM?
		CACDED	TITEADE U CDT	r A T	182	1 BEDFORD	ROAD	1	YES NO
		NAME OF	HEART H SPI	Middle	Last	4. DATE	Mont	h De	Ale
		DECEASED (Type or print)				OF DEATH	_	/ -0/	19 63
		SEX	GEORGE	C	FREY DATE OF BIRTH		AGE //2 >	IF UNDER TYEA	01 -
	٥.	JEA	o. COLOR OR RACE 7.	MARRIED NEVER MARRIED B	. DATE OF BIRTH		lest birthdey)	Months Deys	
	M	ALE	WHITTE W	VIDOWED DIVORCED	1/11/75		86 yrs.		
	10e		ON (Give kind of work king life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	Y II. BIRTHPLA	CE (County & State, or	foreign country)	12. CITIZEN	OF WHAT COUNTRY?
	201		& Funeral	Director	MA	RYLAND Cur	mberlar	d U.S	Α.
		FATHER'S NAME			14. MOTHER'S		inci rei	U. U.	• 11.0
1					3.5				
1	16	Conrad	F'rey	16. SOCIAL SECURITY NO. 17.	Mar	garet Se	∃ iss Addres		_
			yesgive war or dates of sarvi		INFORMANT		Address		
		No			CHART				
				use per line for (a), (b), end (c).]					NTERVAL BETWEEN ONSET AND DEATH
			WAS CAUSED BY:	Usema					
		4/20	DUE TO	,		/			
		Conditions, if any,		Hernertensine	Cardi	o Vascular	- Dia	colon !	
		geva rise to immadia	te ceuse	J					
		(a), steting the un-	darlying DUE TO	m	0.0	-Vi-			
		ceuse lest.) (c)	myocarocar	Jula	reten			
	NO.	PART II. OTHER	SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NO	T RELATEDATO TH	HE TERMINAL DISEASE	CONDITION GIV	VEN IN PART 1(e)	PERFORMED?
3	CATION				U				YES NO
	H	2De. ACCIDENT WA		DE DESCRIBE HOW INJURY OCCURED	. (Enter neture of	injury in Pert I or Pert I	II of item 18.)		
	CERTIFI	OR CONTRIBUTING [MEDICAL EXAMINER)						
	1 V	2Dc. TIME OF INJUR	Y Month, Dey, Yser	20d. INJURY OCCURRED 2Da. PLA	CE OF INJURY (H	ome, farm, 2Df. (Cit	y or town)	(County)	(Stete)
	MEDICAL	Hour e.m.	, , , , , , , , , , , , , , , , , , ,	While Not While fac	ory, street, office b				
	X	p.m.	19	et work et work	1	1	10		
		21. I certify th	at (1) (this hospital)	pattended the deceased from.		19.6/, 10			that (1) (we) last
		saw the decease	ed alive on	1961, and that	death occure	ed ab SOM, from	n the causes	and on the	date stated above.
		22e. SIGNATURE	17 . 1	0					22b. DATE
		1	an Hot	- Dd - W	ATTENDING	DIRECTOR	STAFF PHYS.		5/18/16
		22c. PHYSICIAN	a co	7,0	22d. ADDR	RESS			1 100
		NAME (Type)	DD TEOTE	v rb	45	6 N CENTER	STREET		
		CUDIAL COLLAND	DR. LEO LE				ATION (City, to	we or county!	(State)
		REMOVAL (Specify)	ON, 23b. DATE THEREO						(01810)
	_	ausoleum	5-20-61	Rose Hill C	-		berland		
	24	FUNERAL DIRECTOR		ADDRESS		25e. REC'D BY REGIS	TRAR 25b. RE	GISTRAR'S SIGN	LATURE
		James F.	. Scarpell	i Cumberland, Md		DATE MAY 23 '6	51 C	I MININ A. I'V	
	F					1011			

1 1 and the state of t . A. S. U. C. Bris Pro-mail Manyon L. the state of the s . Def. Designation of the contract of the land of the

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
0.0.	CEDTIEICATE	OF DEATH	

	5024	CERTIFIC	ATE OF DEATH				Reg. Dist. No. U5015			
1,	PLACE OF DEATH o. COUNTY Allegany	MARYLAND	o. STATE	aryl		lived. If institution b. COUNTY		e before od		
Г	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If o	utside corpore	ote limits, write RU				
-	Cumberland d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	address)	d. STREET ADI		erla	nd		e. 15	RESIDENCE N A FARM?	
	607 Lynn St.			607	Lynn	St.			NO X	
3.	NAME OF First DECEASED (Type or print) OLIA	Middle BERNADETTI	E GARRE	TT	4. DATE OF DEATH	May May		Day 2	Year 19 61	
5.	SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH		5	O. AGE (In years lost birthdoy)		YEAR IF U	NDER 24 HRS.	
L	Female White WIDOWS		Jan. 7.			62 yrs.	MOITHS E	Joys Ho	vrs /vin.	
10	o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLA	CE (Stote o	or foreign cou	untry)	12. CITIZ	EN OF W	HAT COUNTRY?	
L	Housewife 0	wn Home				aryland	U.	S. A	l e	
13.	FATHER'S NAME		14. MOTHER'S N	AIDEN N	AME					
	John R. Browning		Luci	nda	J. Wa	alters				
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT			Addre	33	100		
	No 21	16-22-6536 M	c. Charl	es G	arret	tt 607	Lvn	St.	Cumb.	
	18. CAUSE OF DEATH [Enter only one couse per lin							INTERVA	BETWEEN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	oronary Hea:	rt Disea	se				ONSET A	AB DEVIA	
	420./ DUE TO									
	Conditions, if ony, which) (b)									
	gove rise to immediate couse (a), stating the under-lying couse last.									
Z	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	NOT RELATED TO T	HE TERMII	NAL DISEASE	CONDITION GIVE	N IN PART	1(o) 19. W	AS AUTOPSY	
CATI	Status after	CVA							RFORMED?	
CERTIFICATION		CRIBE HOW INJURY OCCURRE	D. (Enter noture of i	njury in P	ort I or Port	II of item 18.)				
MEDICAL	Hour o.m. While	NOT while of work	ACE OF INJURY (Ho ectory, street, office b	ome, form, oldg., etc.	20f. (City o	or town)	(Co	ounty)	(Stote)	
	21. I certify that I attended the decease	ed from 10 -	25, 1954,	to) -	2 , 19 61	that I lo	ist saw t	he deceased	
	alive on 4 - 25 196	1 and that death		a	M. from					
	2 1 0					eet, city or town, st			DATE SIGNED	
	SIGNATURE CARR W. Ba	elies .	м.в. 62	Gr	eene	St.		5-3-6	61	
L	PHYSICIAN'S Ralph W. Ball	in M. D.	62-Gr	eene	St	Cumber	land.	Md.		
22	P. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY C	OR CREMATORY		22d. LOCATI	ON (City, town, or	county)	(Stote)	
L	Burial 5/5/61	Sunset Mem				berland				
23.	FUNERAL DIRECTOR'S SIGNATURE H. Wayne George, Cu	ADDRESS		4a. REC'E	BY REGISTR	AR 24b. REGIST	RAR'S SIGN	NATURE		
	najne deorge, cu	mberland. M	Q. r	DATE	- 4		0 4	1		

THE RESIDENCE AND ADDRESS. THE RESERVE THE PROPERTY AND LOCATION TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If ony delay is necessary, please executed entitional content of the funeral streets of the formal streets of the content of the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for you.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrat prior to buriol, cremation.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5025

05016 Reg. Dist. No.

) 1.	o. COUNTY Allegany		MARYLA	ND	2. USUAL RESIDENCE (M		sed lived. If Institution 6. COUNT				ission)
	b. CITY OR TOWN (If outside corporate limits, write RU	RAL C.	LENGTH OF STAY IN	1b	c. CITY OR TOWN (IF	outside cor	porote limits, write	RURAL ond	give ne	porest to	wn)
L	Cumberland		1 Wk.		Cumberlan	_		27			
	d. NAME OF HOSPITAL OR INSTITUTION (IF I	ot in hospitol,	, give street address)		d. STREET ADDRESS					e. IS R	A FARM?
	Sacred Heart Hospit	al			700 Brook	field	Avenue	4			NO [3
4	NAME OF First DECEASED (Type or print) RICHARD		Middle EVERETT		GROVES	4. DATE OF DEATH	May		Doy 4,		961
5.	Male 6. COLOR OR RACE 7.	MARRIED [NEVER MARRIED DIVORCED	- 1	oate of Birth une 4, 1928		9. AGE (In years last birthday) 32 yrs.	Months [YEAR Days	Hours	ER 24 HRS. Min.
100	USUAL OCCUPATION (Give kind of work don during most of working life, even if retired)	10b. KIND	OF BUSINESS OR INC	DUSTRY	11. BIRTHPLACE (Stole	or foreign o	country)	12. CITIZ	EN OF	WHAT	COUNTRY?
	Mech. Dept.	K-S T	ire Compan	v	Cumberlan	d. Ma	rvland		U.S	S.A.	
13.	FATHER'S NAME	1		-	4. MOTHER'S MAIDEN N			1			
1	Everett C. Groves				Mildred H	arris	on				
	WAS DECEASED EVER IN U. S. ARMED FORCE		AL SECURITY NO. 1	7. INF	ORMANT		Address		_		
Ye	Yes 46-48 50-51		22-6550	Ger	rald Groves,	Frog	thure. Ma	rvlan	a		
-	18. CAUSE OF DEATH [Enter only one cause			GGI	ala aloves	1100	oburg, in	L y Last	INTER	VAL BETWI	EN
	PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	-		clu	sion, Right				Su	dd er	1 1
	DUE TO										
	Conditions, if any, which) (b)	Co	oronary Sci	ler	osis				-		
	gove rise to immediate cause ((a), stating the underlying DUE TO										
	cause last. (c)										
NOITA	PART II. OTHER SIGNIFICANT CONDITI	ONS CONTRI	BUTING TO DEATH 8	UT NO	T RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART			AUTOPSY PRMED?
CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	DESCRIBE HO	W INJURY OCCURRED	D. (Ente	er noture of injury in Port	l or Port II	of item 18.)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19	20d. INJUR While of work	Not while		OF INJURY (Home, form, street, office bldg., etc.)		or town)	(Cour	nly}		(Stole)
	21. I certify that I taok charge at	the remo	oins described o	bove	e, held on Autopsy	X, I	nspection 🔀,	Inquiry	/ [X],	and	find that
	death resulted from: Notural con	uses 📆	Accident .	Suici	de [], Homicide						
	0	Fai									
	SIGNATURE Senedist	1 Kesta	relie		M.D. CHIEF MEDICAL EX	AMINER [DATES	IGNED
Н					ASSISTANT MEDICA	L EXAMINE	R				
	NAME (Type) Benedict Skits	arelic,	M.H.		DEPUTY MEDICAL E	XAMINER	1 May 4,	1961			
220	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	_	NAME OF CEMETERY				TION (City, town, o		2	(State	e)
00	FUNERAL DIRECTOR'S SIGNATURE	1 H	Illcrest F	Bur:			erland, M			-	
23.		Jama.	712270		DATE MA	8Y REGIST		trar's sigi		-	
	John J. Hafer, Cumber	Tana,	rarytand		DATE			21,	, 0-10-000		

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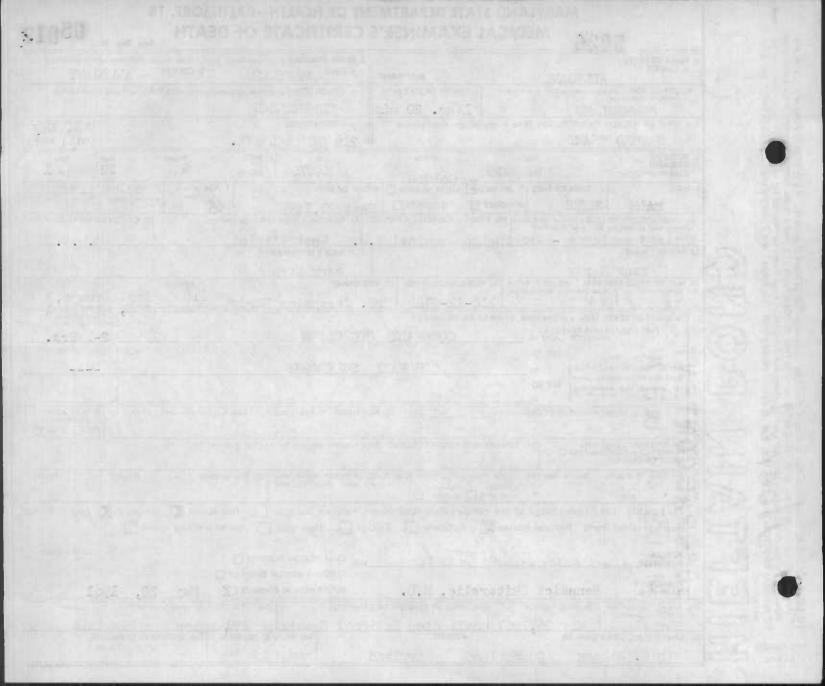
MA	RYLAND	STA	TE	DEPART	MENT	OF I	HEALTH-	-BAL	TIMORE,	18
_	MEDIC	AI F	EXZ	MINE	P'S C	FRTI	FICATE	OF	DEATH	

	0.00				
10	6	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

05017 Reg. Dist. No.

PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY AT.T.ECANY MARYLAND	o. STATE MARYLAND b. COUNTY ALLEGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ond give necrest fown l hr. 20 min	CUMBERLAND
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
SACRED HEART	216 CENTRAL AVE.
3. NAME OF First Middle DECEASED (Type or print) BERNARD Cold don	HARDY Death 5 Doy Year 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS.
MATE CHITTEE WIDOWSD CO PROCESS CO	Sept 21.1895 65 yrs. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
	.R. West Virginia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Hardy	Mary Hess
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
	s. Josephine Hardy 216 Central Avenue,
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	Cumberland Maryland Intervalent Western Onser and Death
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CORONARY	OCCLUSION 2-4 Hrs.
4201 DUE TO	7700000
Conditions, if ony, which) (b) CORONARY	SCLEROSTS
gave rise to immediate couse	Sommer Lo
(o), stoting the underlying couse lost.	
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CATIC	PERFORMED? YES NOT
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (I	Enter noture of injury in Port I or Port II of item 18.)
CAUSE OF DEATH.	
	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
Hour o. m. p. m. 19 While Not while of work of work	
21. I certify that I taok charge of the remains described abo	ove, held an Autopsy 🔲, Inspection 🔣, Inquiry 🔣, and find tha
death resulted from: Natural couses , Accident , Sui	cide , Homicide , Undetermined cause .
SIGNATURE Devedict Sketarelia	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
	ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) Benedict Skitarelic, M.D.	DEPUTY MEDICAL EXAMINER X May 22. 1961
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) Burial May 26.1961 Arlington Nat	ional Cemetery Arlington Virginia
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Ruth E. Silcox Cumberland Marylan	d DATELAY 25'61 arily S. Trans

VS. A15ME(S) 5M 9/55



TO DEPTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter deoth. If ony delay is necessory, please execute the cute that the content of the content of the content of the content of the chief Medical Examiner's Office olong with form PM3. Page 5 may be retained for your standard to the Chief Medical Examiner's Office olong with form PM3. Page 5 may be retained for your standard to the Chief Medical Examiner's Office olong with form PM3. Page 5 may be retained for your standard to burial, cremation, or removol.

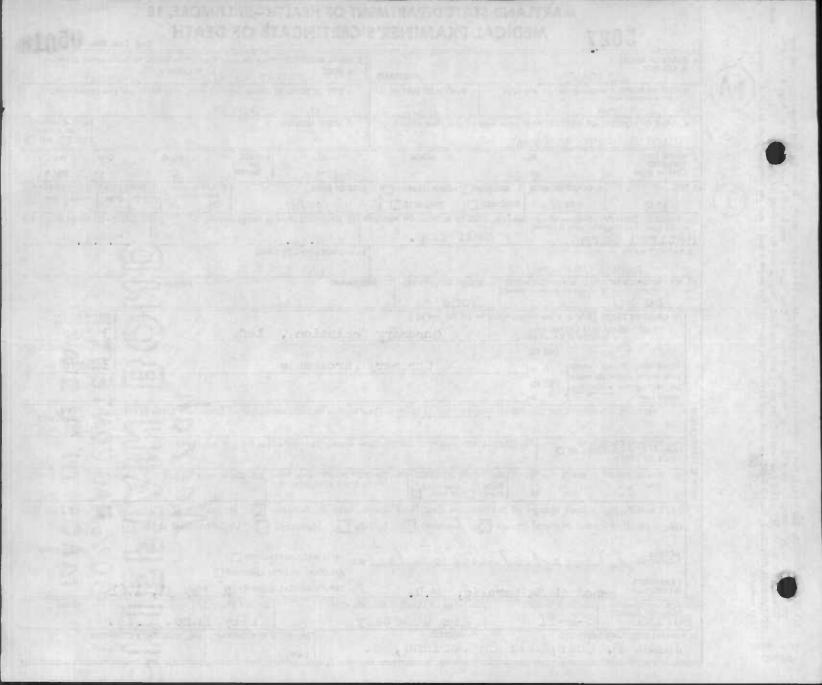
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
5027 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg.	Dist.	No.	U	5	A	1:5
			_	-	and a	-

	O. COUNTY	EV ANTV			MARYLAND	o. STATE		b. COUNT	Υ			ionj
-		EGANY putside corporate limits, write	PHPAI	c. LENGTH OF		c. CITY OR TOWN	T VIRG			FRA		2)
,	and give nearest town)	sortion corporate tilitis, with	RUNAL	c. datom or	3171 114 10				KONNE ONO E	3110 1101	010011011	",
_	CUMBERLAN				ys	RURAL	RIDGE	LEY			e. IS RES	IDENICE
9		L OR INSTITUTION (nospital, give street	oddress)	d. STREET ADDRESS			5X	-3		FARM?
	NAME OF	Fir		Mid	ldle	Last	4. DATE	MonI	h	Doy	Yes	or
	DECEASED (Type or print)		AM			HERRICK	OF DEATH			27		61
5. 9			4-11-1	RIED NEVER M	Applement 8	DATE OF BIRTH		9. AGE (In years	IFUNDER 1	YEAR		R 24 HRS.
					28			last birthday)				Min.
	MALE	WHITE	WIDOV		RCED	4/29/87		711 yrs.	10 017171	20.103	140117	OLINITOVO
10a	during most of working	life, even if relired)				TRY 11. BIRTHPLACE (Sto	or toreign	country)	12. CHIZI	EN OF	WHAIC	OUNTRY?
R	etired Fa	armer		Self Emp	p.	W.VA.			U	S.	A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	JOHN	ADAM HERRI	CK			MARY A	BE					
		R IN U. S. ARMED FO		6. SOCIAL SECURIT	Y NO. 17. II	NFORMANT		Address				
(101	No	(ii yes, give war or dates or	service	None		CHA	RT					
		H [Enter only one cau	se per li		(c).]		4.4.4			INTERV	AL BETWEEN	N
	PART I. DEATH	H WAS CAUSED BY:			ronary	Occlusion .	left			400	AND DEAT	Н
	LINA	MMEDIATE CAUSE (6)		00.	ronar y	Occidaton	TOT	,		,	aayu	
	7-2-0 3	DUE TO		~		mbbb.				2 .	3	
	Conditions, if on gove rise to immedi			C	oronar	y Thrombosis	3			3 0	lays	100
	(o), stoting the u	> DITE TO										
	couse lost.) (c)										
ATION	PART II. OTHI	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO	DEATH BUT N	NOT RELATED TO THE TER	RMINALDISEA	SE CONDITION GIV	EN IN PART		PERFOR	UTOPSY MED?
CERTIFICATION	20a, EXTERNAL CAUPRIMARY ☐ or CONCAUSE OF DEATH.		b. DESCI	RIBE HOW INJURY O	OCCURRED. (E	inter noture of injury in P	ort I or Port I	1 of item 18.)				
Z.	20c. TIME OF INJUR	Y Month, Doy, Yes	r 20	I. INJURY OCCURRE		CE OF INJURY (Home, fo	orm, i 20f. (Ci	y or lown)	(Coun	ly)		(Slote)
MEDICAL	Hour o.m. p.m.	19	W	hile Not while work of work		ory, street, office bldg., e	elc.)		WEST.			
	21. I certify the	at I toak charge	of the	remains desc	ribed aba	ve, held an Auto	psy 💢,	Inspection 💢	, Inquiry	KX	and fi	nd that
	death resulted	from: Natural	causes	X, Accident	t 🔲, Sui	cide [], Homicie	de 🔲, L	Indetermined	cause .			
			, ,	1/1:		,)			7			
	ACTUAL /	2 parado	7	Milan	2000	CHIEF MEDICAL	EXAMINER [DATE SI	GNED
	SIGNATURE	mille	did-			ASSISTANT MED	ICAL EXAMIN	ER 🗍				
	EXAMINER'S NAME (Type) B	enedict Sk	itar	elic, M.	D.	DEPUTY MEDICA	AL EXAMINER	May 3	1, 196	1		
220	BURIAL, CREMATION	N. 226. DATE THEREC	F	22c. NAME OF	CEMETERY OR	CREMATORY	22d. LOC.	ATION (City, town,	or county)	11.	(State)	
I	Burial Specify)	6-2-6I		Abe C	emete	ry	Wile	ey Ford,	W.Va			
23.	FUNERAL DIRECTOR'S		~ .	ADDRESS	2		C'D BY REGIS		STRAR'S SIGN			
	James F.	Scarpel	li	Cumberla	nd, Md	DATE	UN 5 '	51 an	Ilmi S. F	Croud		
						10.112	1111 7	-				

VS. A15ME(5) 5M 9/55



W. PRESTON STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEARCH** OF DEATH 6/5/6] iwk
2. USUAL RESIDENCE (Where deceased lived, If institutions Rasidence before aumission) I. PLACE OF DEATH a. COUNTY b. COUNTY a. STATE Allegany b. CITY OR TOWN (if outside corporete limits, MARYLAND the d c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and write RURAL and give nearest town) þ Frostburg
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ,E *-Frostburg Pages lled a. IS RESIDENCE ON A FARM? YES NO Miners Hospital Street Year NAME OF Middle DECEASED comple pape (Type or print) 19 IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED AGE (In Years | IF UNDER 1 YEAR last birthday) pue Months 39 DIVORCED Oct.10-1921 12. CITIZEN OF WHAT COUNTRY? physician (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Midlothian. Md. Other people Housework 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME aftending please Alfred Togans
15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Eloise Frazier Address (Yes, no, or unkown) | (Ifyes give war or dates of service) Robert Hill. 62 Spring St.. None 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate causa coletes mollitus. DUE TO (a), stating the underlying the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO X use 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) for (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., etc.) Not While While Hour a.m. et work at work TOR: bespitel) attended the deceased from Opril 19.61, and that death occured at 7.24M, from the causes and on the date stated above. saw the deceased alive on... 22a. SIGNATURE ATTENDING DIRECTOR | PHYS. PHYS. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) death. O FUNE director, p 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Frostburg Memorial Park D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Hafer Funeral Home Burial H 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Main, Frostburg, Mc Mare MAY 31 '61 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

, Sterna . . . roshming . and the state of Other popis signification, Id. CAMBRIDA .. TO SELECT SELECTION OF .. CAMBRIDA and the steel of to savour Egyptus B, treeder, 5/11/64 John X S. D. My O SEPENTORY FROM MARY AL LO E. Edin, Wortham, M. M. M. C.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN III OURS of corporets limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b write RURAL end give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET EROST BURG, MARYLAND e. IS RESIDENCE ON A FARM? YES NO HEART HOSPITAL COLLEGE NAME OF 4. DATE Middle Yeer DECEASED OF (Type or print) DEATH AGE (In yeers | IF UNDER 1 YEAR HOTT IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH lest birthdey) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) HOUSEWIFE WEST VI VIRGINIA UNITED STATES 13. FATHER'S NAME JOHN J. REILLY SARAH (MALLOW) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 1 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give wer or detes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO gave rise to immediate ceuse DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0): 19. WA'S AUTOPSY PERFORMED? NO. 20e. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Net While While Hour e.m. et work 21. I certify that (I) (this hospital) attended the deceased from... to... 19.6/, and that death occured at 7.14.M, from the causes and on the date stated above saw the deceased alive on....... 22b. DATE 22a. SIGNATURE /SIGNED ATTENDING MED STAFF DIRECTOR PHYS. PHYS. 22c. PHYSICIAN 22d. ADDRESS MAME (Type) ENE STREET, CUMBERTAND, MD (Stete) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify). 256. REGISTRAR'S SIGNATURE 250. RECIDARY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS

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After this certificate has PHYSICIAN: the hospital or a

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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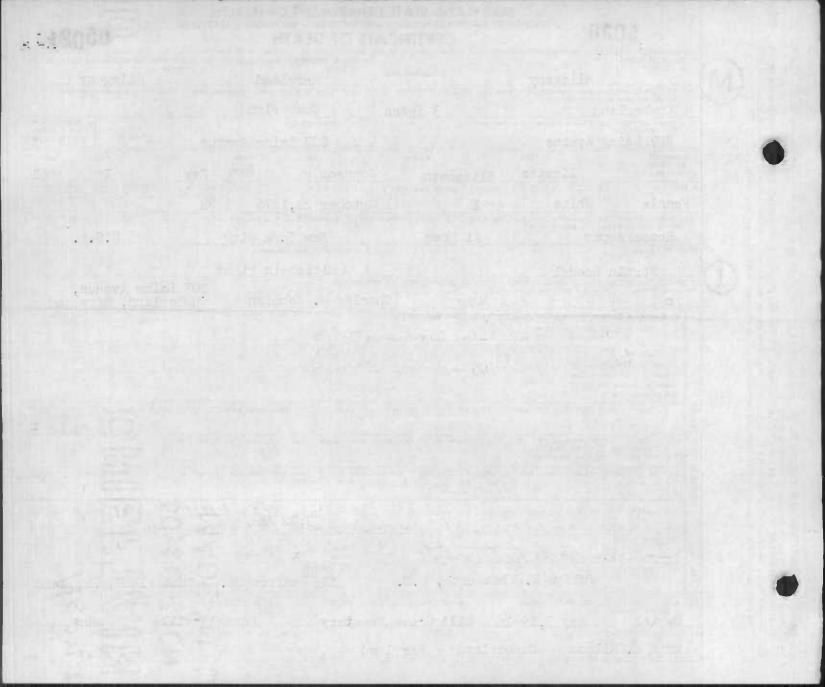
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5030

1. PLACE OF DEATH a. COUNTY	Allegany		м	ARYLAND	a. STATE	ervlar		l lived. If instituti b. COUNTY	an: Resider	e car	e admissi	ian)
b. CITY OR TOWN (II RURAL and give ne Cumberla:	f outside corporate limitarest tawn)	ts, write	c. LENGTH OF S		c. CITY OR T		itside corpor	rate limits, write R	RURAL and	give nea	rest tawn)
d. NAME OF HOSPIT	AL (If not in haspital, g	ive street	address)	Years	de STREET A	DDRESS	ng Ave	nue				IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Fir		Nicabeth	ddle	Johnson		4. DATE OF DEATH	Mav	nth	Do		Year 1961
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MA	ARRIED 🔲	B. DATE OF BIRTH	- 0-	1	9. AGE (In years last birthday)	IF UNDER	Days		- 400
Female 10a. USUAL OCCUPATION during most of work Housekee 13. FATHER'S NAME	ing life, even if retired	WIDOWE	- 464		STRY 11. BIRTHPL	w York	r fareign co		12. CIT	U.S.		OUNTRY?
Martin 15. WAS DECEASED EVE	Roedel R IN U. S. ARMED FOR	ervice)	social security			zabeth	r Figh		ling A		ie,	nd
Canditians if a gave rise la it cause (a), stating lying cause last.	mmediate (, Ca	CONTRIBUTING TO	DEATH BUT	Rectu NOT RELATED TO	THE TERMIN	NAL DISEASE	E CONDITION GI	VEN IN PAI		9. WAS A	AUTOPSY PRMED?
20c. TIME OF INJUR Haur a. m. p. m. 21	SUNDERLYING CAUSE OF DEATH CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Day, Yee 19 It (I) (this haspital and alive an 1/2 Fuller B.	ar 20d. II While at war	led the deceas	20e. PL fa	ACE OF INJURY (ctary, street, affice Medth accurret M.D. PHYS. 22d. ADDRI 123	Hame, farm, bldg., etc.)	20f. (City	ar tawn) / / / / the causes ar	1%	e date	stated 221	b. DATE SIGNED
23a. BURIAL, CREMATIO REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR Ruth E. S	May 3,19	961 umber	ADDRESS	_	eme jer y		Conn BY REGIST	RAR 25b. REG	e ISTRAR'S SI	GNATU	(State	e)

TO HOSP OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be under by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filler. The funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremotion, or removal, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59



MARYLAND ST	ATE DEPARTMEN	T OF HEALTH-BA	LTIMORE, 18
MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH

5031 MEDI	CAL EXAMINER	5 CEKHIFICA	IE OF DEATH	Reg. Dist. No. U5022
1. PLACE OF DEATH o. COUNTY			Where deceased lived. If instit	ution: Residence before admission)
Allegany	MARYLAND	o. STATE Man	rvland b. count	Allegany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b			RURAL and give nearest fawn)
Cumberland	DOA	Barrelvill	le V	
d. NAME OF HOSPITAL OR INSTITUTION (If not		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Memorial Hospital			1	YES NO
3. NAME OF First	Middle	Last	4. DATE Mont	th Day Year
(Type or print) GEORGE	CLINTON	KELLEY	OF DEATH May 29	19 61
5. SEX 6. COLOR OR RACE 7. N	ARRIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER TYEAR IF UNDER 24 HRS.
Male White WID	OWED DIVORCED	July 1, 189%	2/1891 69 yes.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Miner	Coal Mines	Gilmore,	Marril on d	TI.S.A
13. FATHER'S NAME	00001 1111100	14. MOTHER'S MAIDEN	NAME	U.S.A.
James B. Kelley		Months	Jane Boyer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	1
Yes WW T	209 00 5660 1	ban Canana G	W-11 D	7
18. CAUSE OF DEATH [Enter only one cause per	1 208-09-5660 M	rs. George G.	-Verley Ester	elville Md.
PART I. DEATH WAS CAUSED BY:		P MARKED		ONSET AND DEATH
IMMEDIATE CAUSE (o)	COR PULMONAL	E, MARKED		Years
DUE TO	CTTTCACTC.	TOMOTOCOTANA		
Canditions, if any, which (b)	SILICOSIS;	EMPHYSEMA		- 6
(a), stating the underlying DUE TO (c)				
Z PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Bronch	opneumonia, le	eft lower 1	obe: termina	
	SCRIBE HOW INJURY OCCURRED.			
CAUSE OF DEATH.				
20c. TIME OF INJURY Month, Day, Year		ACE OF INJURY (Home, form	n, 20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year Hour o. m., p. m., 19	While Not while of work at work	tory, street, office bldg., etc		
21. I certify that I took charge of t	the remains described ab	ove, held an Autaps	v IXI. Inspection IXI	Inquiry XI and find that
death resulted fram: Natural caus				
	7			
ACTUAL (30 dist)	L. taralist	M.D. CHIEF MEDICAL EX	XAMINER []	DATE SIGNED
SIGNATURE CALCULATION OF SIGNATURE	and with	M.D. ASSISTANT MEDIC		
EXAMINER'S Benedict Sk	itarelic, M.I			29, 1961
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town,	or county) (State)
Burial Nav 31. 1	961 St. Partick!	s Catholic	Mt. Savage. 1	Marvland
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			ISTRAR'S SIGNATURE
John J. Hafer, Cumber	land, Md.	DATE	JUN 2 '61	The Con & Harris

VS. A15ME(5) 5M 9/S5

The transfer of the second sec Antigon : and . . acti . Med . . pitermit commiss A MEN AND THE RESERVE AND THE STATE OF THE S

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5032 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution: Residence before edmission N a. COUNTY b. COUNTY ALLEGANY ALLEGANY the od 2 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) by an de write RURAL and give neerest town) .= " CUMBERLAND DAYS CUMBERLAND Pe d. NAME OF HOSPITAL OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? GOLDEN LANE YES NO [3. NAME OF Middle 4. DATE Month paper DECEASED OF (Type or print) KATHRYN E. DEATH KIRCHNER 19 61 carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. physician and last birthday) Months Hours WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) CUMBERLAND, MD. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending ROY KIRCHNER RUTH WILKES Die 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) HOSPITAL-CUMBERLAND. MD. MEMORIAL 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN Massive Cerebral Hemorrhage Hemorrhagic childrapor ONSET AND DEATH PART I. DEATH WAS CAUSED BY: g physic signed b IMMEDIATE CAUSE (a) burial-transit DUE TO affending Conditions, if any, which peen gave rise to immediate cause 5 The DUE TO (a), steting the underlying has cause last. PHYSICIAN: the hospital or the buri CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY certificate PERFORMED? 50 NO use prior 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER detached 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (State) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. may be retained DIRECTOR: Af at work at work pe 21. I certify that (I) (this hospital) attended the deceased from... Man (7 ..., 19.61, that (1) (we) last19.6/..., and that death occurred at.... pluods saw the deceased alive on Man M, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE SIGNED 3 PHYS. PHYS. DIRECTOR M.D FUNERAL Pector, page 3 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 112 BEDFORD ST., CUMBERLAND, MD. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) O g Subset Memorial Cumberland, Maryland ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR' VR A15 (4) arthur S. Kraus DATMAY 2 2 '61 15M 9/60 Cumberland, Maryland

A COLAL CAMPACK LAIS. THE ANY CONTRACTOR OF THE PARTIES. . DI , DIALECE AND THE REPORT OF THE PARTY OF THE THE MENT ST. . CUMPLINGS ST. 75 F. F. F. F. F. The state of the s

VR A1S (4) 1SM 9/59

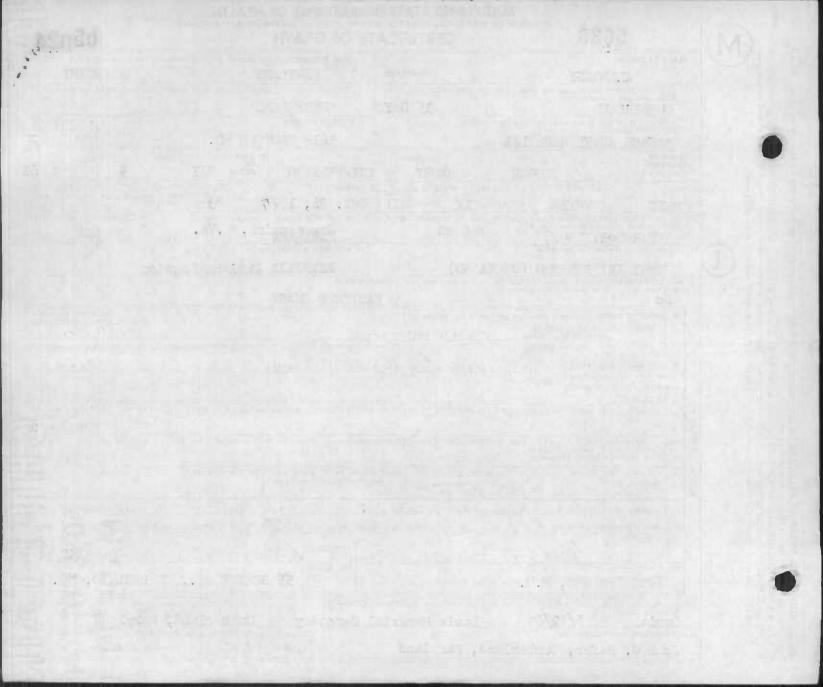
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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1. PLACE OF DEATH o. COUNTY					ion: Residence before admission)
ALLEGANY		MARYLAND	o. STATE MARYLA	ND b. COUNTY	A J.EGANY
b. CITY OR TOWN (If outside of RURAL and give nearest town		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write l	RURAL and give nearest town)
CUMBERLAND	,	15 DAYS	CUMBERLA	LND	740
d. NAME OF HOSPITAL (If not OR INSTITUTION	in hospitol, give street	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
SACRED HEART	HOSPITAL		1419 OLD	TOWN RD.	YES NO
3. NAME OF	First	Middle	Lost	4. DATE Moi	nth Day Year
(Type or print)	GEORGE	HENRY	KNEPPENBERG	DEATH MAY	9 19 6
S. SEX 6. COLO		RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
MALE WHI	TE WIDOW	ED XX DIVORCED	OCT. 26, 187	83 yrs.	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give k during most of working life, er			STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
RETTREDARATIO	LOAD	B&O RR	Greensm	ing, W.Va.	USA
13. FATHER'S NAME BOLLET'I	naker		14. MOTHER'S MAIDEN	NAME	
HENRY KNIPPEN	BERG (DECE	EASED)	7.0000000	Lutisha Logs	don
15. WAS DECEASED EVER IN U. S.	ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.1	NFORMANT		Iress
No No	var or dates of service)	I	PATIENTS CHART		
18. CAUSE OF DEATH Enter	only one couse per l	ine for (o), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS C		menmoni	9-		ONSET AND DEATH
4500	TE CAUSE (o)	/			
Conditions, if ony, which		generalized	1. The me le popular	1	12101
gove rise to immediate	DUETO	graces, year		-65	
lying couse lost.	1				
	FICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GI	VEN IN PART 1(0) 19. WAS AUTOPSY
ATI					PERFORMED?
PART II. OTHER SIGNII 200. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAUSS (IF EITHER, NOTIFY MEDICAL	YING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port 1 or Port II of item 18.)	
OR CONTRIBUTING CAUSE	EXAMINER)				
3 20c. TIME OF INJURY Month,	Doy, Year 20d.		ACE OF INJURY (Home, farm		(County) (State
20c. TIME OF INJURY Month, Hour o. m.	19 While	INDI WIIIE	ctory, street, office bldg., etc	:.)	
			E-/ 10	6/ 10 5- 9-	10/1 st 100 1 11
		ded the deceased fram.		CLASA.	, 196/, that (I) (we) las
saw the deceased alive	e an	IY <u>Q</u> /, and that	death accurred at/	/.M, from the causes a	nd on the date stated above
2/8	migo		M.D. ATTENDING M	IED. STAFF PHYS.	5/10/61
22c. PHYSICIAN'S LEWIS BRINGS	S, M.D.		22d. ADDRESS	GREENE ST., C	UMBERIAND, MD.
23o. BURIAL, CREMATION, 23b. [23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town,	or county) (Stote)
REMOVAL (Specify) Burial 5/	12/61	Davis Memoria	1 Cemeterv	Cumberland.	Maryland
24. FUNERAL DIRECTOR'S SIGNAT	URE	ADDRESS	250. REC	D BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
John J. Hafer	Cumberlan	nd, Maryland	DATEMA	1 1 2 '61 an	Chur S. Fireus



FOR STATE HEALTH DEPT.

5034

oy is necessary, please director. Page 14 for your files.

*** MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the fuzza a 25 forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refered to PRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State is signated opent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

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TO DEPUTY MEDIA

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M 2/57	1
	14

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

000	X							Keg. Dis	I. NO.	
1. PLACE OF DEATH O. COUNTY All	Legany		MARYL		o. STATE Md.	(Where deceos	ed lived. If institu b. COUNT	Y Alleg	ce befor	re odmission)
b. CITY OR TOWN (and give nearest fow Frostburg		• RURAL	c. LENGTH OF STAY II	N 1b	e. CITY OR TOWN (If outside corp	porote limits, write	RURAL ond	give ned	prest town)
200	Hospital	If not in he	ospital, give street address)	d. STREET ADDRESS					e. IS RESIDENCE
		-						-		YES NO
3. NAME OF DECEASED (Type or print)	James Fir	18	Ellsworth	Lamb	erson	4. DATE OF DEATH	May	_	Doy	Year 1961
5. SEX	6. COLOR OR RACE	7. MARR	HED K NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR I	F UNDER 24 HR
Male	White	WIDOW	ED DIVORCED	A	pril 12m 19	930	lost birthdoy) yrs.	Months D	oys	Hours Min.
100. USUAL OCCUPATI during most of worki Meat Cutte	ng life, even if retired)	-	KIND OF BUSINESS OR IN		11. BIRTHPLACE (Stot				EN OF	WHAT COUNTR
13. FATHER'S NAME					4. MOTHER'S MAIDEN					
Maurice F	B. Lamberson	1			Louise My					
15. WAS DECEASED EV	VER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INFO		-10	Address			
No no. or unknown)	(If yes, give war or dates at	service)	212-24-2006		an E. Lambe	erson	Barton,	Md.		
	ATH [Enter only one counTH WAS CAUSED BY: IMMEDIATE CAUSE (a)		o for (o), (b), ond (c).]	onar	y Occlus	sion			1 ~	al BHIWLEN AND DEATH udden
Conditions, if a gove rise to imme (a), stating the couse last.	ony, which (b)		Co	rona	ry Scler	rosis				
Z EVYEDNIAL CA			CONTRIBUTING TO DEATH					EN IN PART		WAS AUTOPSY PERFORMED?
200. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.	INTRIBUTING []	D. DESCRI	BE HOW INJURY OCCURR	(ED. (Ente	r noture of injury in Po	ort I or Port It	of item 18.)			
20c. TIME OF INJU	JRY Month, Doy, Yes	Whi	INJURY OCCURRED 20e	PLACE	OF INJURY (Home, for, street, office bldg., etc.	m, 20f. (City	or town)	(Coun	ly)	(Stote)
21. I certify t	hat I taak charge	of the	remains described	above	, held an Autop	sy X), Ir	spection A,	Inquiry	KI.	and in m
apinion death	resulted fram:	Noturol	Juses XX. Accide		Suicide ,		, Undete	rmined m		DATE SIGNED
EXAMINER'S NAME (Type)	W. O. 1	MC La	ne	as	ASSISTANT MEDICAL		May 3	31. 19	961	
220. BURIAL, CREMATIC REMOVAL (Specify Burial	6/3/61)F	22c. NAME OF CEMETER Mt. View	RY OR CR	EMATORY	Mosc	ION (City, town,			(Stote) Md.
23. FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS Westernport	, Md		D BY REGIST	RAR 24b. REGIS	STRAR'S SIGN	ATURE	
			V							

SI SINUMENTE SI SASI POSTO DA MERSIA PENDINA Service Land TOWNSHIP STANFORD THE MOVEMENT REPORTED AND THE PARTY OF THE P The same of the sa

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

5	135		CERTIF	ICATE	OF DEATI	H			0503	20
1. PLACE OF DEATH O. COUNTY	legany		MARY		USUAL RESIDENCE (No. STATE Mary)		b. COUNTY			ission)
	If outside corporate lim earest tawn)	its, write	c. LENGTH OF STAY		c. CITY OR TOWN (I		orate limits, write l			wn)
d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION 352 Mc Henry Street					d. STREET ADDRESS		Street		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	ARTHUR	rst	Middle CEC II.		Lost LANCASTER	4. DATE OF DEATH	May	nth	Day 8	Year 19 61
s. sex	6. COLOR OR RACE	7. MARR	IED 🖾 NEVER MARRI		ATE OF BIRTH	95	9. AGE (In years last birthdoy) 65 yrs.	Months [YEAR IF UN	DER 24 HR
Bookkeepe	king life, even if retired)	kind of Business of	p.	Eckhart.	Maryla		12.CITIZ	EN OF WHAT	COUNTRY
13. FATHER'S NAME Henr		Margaret Rephann								
15. WAS DECEASED EV (Yes, no. or unknown) Yes	ER IN U. S. ARMED FOI (If yes, give war or dates of WW I		SOCIAL SECURITY NO		Arthur C.	Lanca		Vale.	Maryla	and
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	2)	agnitis	n pre	umornio	-			INTERVAL ONSET AN Z OL	DEATH
Conditions, if a gove rise to cause (a), stating lying cause lost.	immediate (,	ici nonin	y lle	esophi	agus			O Me	<i>C</i>
PART II. OT PART II. OT 20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	HER SIGNIFICANT CON	iditions <u>c</u>	CONTRIBUTING TO DE	ATH BUT NOT	RELATED TO THE TER	RMINAL DISEAS	se condition gi	VEN IN PART	1(a) 19. WA PERI YES [FORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (E	nter noture of injury	in Part I or Po	ort II af item 1B.)			
ZOc. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Ye	While at war	NJURY OCCURRED Not while of wark		OF INJURY (Hame, fo street, office bldg.,		ty or tawn)	(Co	ounty)	(Stote
21. I certify the	at (1) (this hospital	I) attend			h accurred at 4		5-8-		_, that (I)	
22a. SIGNATURE	L Pomi	*	ara., one	M.D.		MED.				22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	LEWIS B.	RIN	45		22d. ADDRESS	/	umberla	nd 1	Md	
23a. BURIAL, CREMATIC	ON. 23b. DATE THERE	OF .	23c. NAME OF CEM	ETERY OR CR	EMATORY	23d. LOCA	ATION (City, town,	or county)	(SI	tate)

Porter Cemetery

ADDRESS

Eckhart.

250. REC'D BY REGISTRAR

DATEMAY 1 2 '61

Maryland

25b. REGISTRAR'S SIGNATURE

Orling S. Krous

23a. BURIAL, CREMATION,

REMOVAL (Specify)
Burial

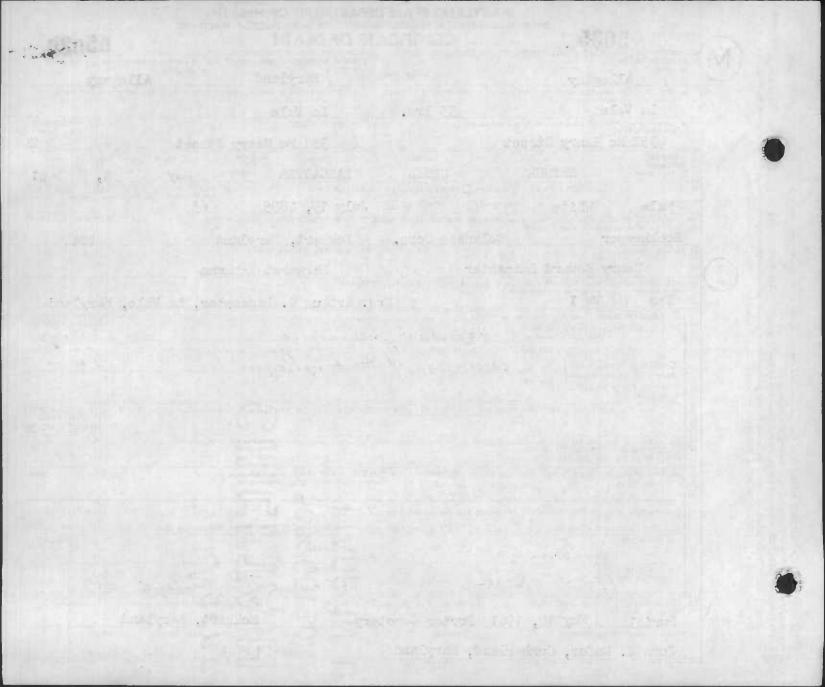
24. FUNERAL DIRECTOR'S SIGNATURE

John J. Hafer, Cumberland, Maryland

May

TO HOSP!

VR A15 (4) 15M 9/59



TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5036 **CERTIFICATE OF DEATH** Reg. Dist. No. 15127

1. PLACE OF DEAT o. COUNTY	Allegan	У	MAI	RYLAND	2. USUAL RES	Mary]		l lived. If institution b. COUNT	Y a	lega		an)
b. CITY OR TOV	VN (If autside carparote limitive neorest town)	ls, write	c. LENGTH OF STA	Y IN 1b	c. CITY OF	R TOWN (If o	utside carpo	rate limits, write	RURAL and	give near	est tawn)
Fro	stburg		Lifetim	e		Frost	burg					
d. NAME OF HO	OSPITAL (If not in hospital, g	ive street	oddress)		d. STREET	ADDRESS				e.	IS RESI	
Min	ers Hospita	al			Wa	alnut	Leve:	l Farm			YES T	FARM?
3. NAME OF DECEASED	Fir	st	Midd	le	L	ast	4. DATE	Ma	inth	Doy	Y	'ear
(Type ar print)		san	G.		Layn	nan	DEATH	Ma	ay	7th	1. 1	9 61
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARE	RIED X	. DATE OF BIR	TH		9. AGE (In years lost birthdoy)			-	R 24 HRS.
Female	White	WIDOWE			July 7	th.]	1877	83 yrs	Manths	Days	Hours	Min.
10a. USUAL OCCUI	PATION (Give kind of work working life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHI	PLACE (Stote	or foreign co	untry)	12. CI1	IZEN OF	WHAT	COUNTRY
House	keeper	10	wn home			Marvl	land		14	US	Δ	
13. FATHER'S NAME	E				14. MOTHER	S MAIDEN N	IAME					
John	N. Layman				Ann	a Faz	zenbal	ker				
15. WAS DECEASED	DEVER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	O. 17. IN	FORMANT				dress			
			None	J.	Horac	e Lay	man.	Frost	ourg.	Md.		
Conditions, gave rise t couse (a), star lying couse l			ryona	ia	ic)	nsu	fil	riene	1	-	TAND	aj
TA ACCIDENT	OTHER SIGNIFICANT CON		RIBE HOW INJURY						VEN IN PAR		WAS A PERFOR	NO NO
OR CONTRIBUT	TING CAUSE OF DEATH											
Hour a.	NJURY Month, Day, Yeo m. 19	While	Not while of work	20e. PLA foct	CE OF INJURY ory, street, affi	(Home, farm, ce bldg., etc.)	20f. (City	or tawn)	(0	County)		(State)
21. I certify	that I attended the	decease	ed from 14	60	, 19	. to 11	ay 7	1961	_,that []	last saw	v the	decense
alive on_) ACTUAL SIGNATURE	wom	1/2	and the	t death	occurred of	- /		the causes of the cause of the cau	and an th		state	
PHYSICIAN'S NAME (Type)	W. O. McI			11	167	E. M	ain S	treet,	Fros	stbu	rg.	_Md.
220. BURIAL, CREMA		F	22c. NAME OF CEA				22d. LOCATI	ION (City, town,	or county)		(Stote)
Burlal	5-9-61		Frostbu	rg Me	em. Pa	rk	Fro	stburg			Md	
23. FUNERAL DIRECT	Ah Rhee	est.	ADDRESS Frostbu	rg, N	ſd.	240. REC'D	BY REGISTR		STRAR'S SIC	*		

TO HOS LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

S a death.

Yeth may be retained by the hospital or attending physician.

Yeth may be retained by the hospital or attending physician.

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Yeth may be retained by the hoursal or attending physician.

Yeth may be retained by the hoursal or attending the following the followin

	5037		CERTIFICAT		N STREET, BALTIMOR	05028
a. COUNTY	TH .					stitution: Rasidence before admissio
	ALLEGANY		MARYLAND	a. STATE MAR	YLAND b. COUNT	ALLEGANY
b. CITY OR TOWN	(if outside corporate lim	its,	c. LENGTH OF STAY IN 16		If outsida corporata limits, write	
	nd give nearest town)		22 DAVE	CUI	MOCOLAND	
d. NAME OF HOS		if not in host	33 DAYS	d. STREET ADDRESS	MBERLAND	a. IS RESIDENCE
MEMOR I A	HOSPITATION				110 111111110	DOAD YES NO D
WARWICK	& MEMORIAL	A VE NUE	.S Middle	Last	. #2, WILLIAMS	Dey Yeer
DECEASED	rirsi		Middle	Lasi	OF	Doy 1861
(Typa or print)		VIN	J.	LEHMAN	DEATH MAY	30, 19 61
i. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED B	. DATE OF BIRTH		F UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
MALE	WHITE	WIDOWE	DIVORCED [MAY 23. 190		Months Days Hours Min.
Da. USUAL OCCUP	ATION (Giva kind of wor	k 10b. KI	ND OF BUSINESS OR INDUSTR		nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTR
	working life, aven if retire		0 R. R.	CUMBERLA	ND. MD.	U. S. A.
3. FATHER'S NAME	inist	D 02	O Ito Ito	14. MOTHER'S MAIDEN		0, 0, 7,
	IN LEHMAN	0.0563 14	COCIAL SECURITY NO. 42	ELLEN BO	NE Address	
	(If yasgive war or detes of		SOCIAL SECURITY NO. 17.			
No		21	4-07-1144	MEMORIAL HOSI	PITAL - CUMBERL	AND, MD.
18. CAUSE OF	DEATH [Entar only one	causa per li				INTERVAL BETWEEN
PART I E/	TH WAS CAUSED BY:	7 n	minal Cora	his Fail	ne	ONSET AND DEATH
11113	IMMEDIATE CAUSE (a)					7 0
773	DUE TO	ante	nonly to	and Hour 12	in Cochoro	2 leson. 2 ye
	7, which) (b)			1100		
gava risa to imme	DIJE TO	Olen	. arlanos	· les es		7
cause last.	(c)	3	(, , , , , , , , , , , , , , , , , , ,	200.9		4
PART II. OTH	IER SIGNIFICANT COND	ITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPS
We-	new it for	x . 100	nder to alone,	ompulation	mid - Whigh 5,	725/6/ YES NO L
·						
ACCIDENT				(Enter nature of injury in	Part I or Part II of Itam 18)	1
2Da. ACCIDENT OR CONTRIBUTION	IG CAUSE OF DEATH		CRIBE HOW INJURY OCCURED), (Enter natura of injury in	Part I or Pert II of item 18.)	1
2Da. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING [] IG [] CAUSE OF DEATH FY MEDICAL EXAMINER]		CRIBE HOW INJURY OCCURED), (Enter natura of injury in	Part I or Pert II of Item 18.)	
2Da. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOT)	IG CAUSE OF DEATH FY MEDICAL EXAMINER JURY Month, Day, Ye	ear 2Dd. I	NJURY OCCURRED 2De. PLA	CE OF INJURY (Home, far	m, 2Df. (City or town)	(County) (State)
2Da, ACCIDENT OR CONTRIBUTIN (IF EITHER, NOT) 20c. TIME OF IN Hour a.m	IG CAUSE OF DEATH FY MEDICAL EXAMINER; JURY Month, Day, Ye	ear 2Dd. I	NJURY OCCURRED 2De. PL		m, 2Df. (City or town)	(County) (State)
2Da. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI) 20c. TIME OF IN Hour a.m	IG CAUSE OF DEATH FY MEDICAL EXAMINER JURY Month, Day, Ye . 19	ear 2Dd. I White	NJURY OCCURRED 2De. PLA Not Whila fac at work	CE OF INJURY (Home, far, lory, street, office bldg., atc	m, 2Df. (City or town)	
20a. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI.) 20c. TIME OF IN Hour a.m p.m 21. certify	G CAUSE OF DEATH FY MEDICAL EXAMINER; JURY Month, Day, Yo 19 that (I) (this hosp	ear 2Dd. I White et work	NJURY OCCURRED 2De. PLA fac at work led the deceased from.	CE OF INJURY (Home, far.	m, 2Df. (City or town))., 19 (1) that (1) (we) 1
20a. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI.) 20c. TIME OF IN Hour a.m p.m 21. certify	IG CAUSE OF DEATH FY MEDICAL EXAMINER JURY Month, Day, Ye . 19	ear 2Dd. I White et work	NJURY OCCURRED 2De. PLA fac at work led the deceased from.	CE OF INJURY (Home, far.	m, 2Df. (City or town)	, 19 (1) that (I) (we) I
2Da, ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI.) 20c. TIME OF IN Hour a.m p.m 21. certify	G CAUSE OF DEATH FY MEDICAL EXAMINER JURY Month, Day, Yo that (I) (this hosp ased alive on)	ear 2Dd. I White et work	NJURY OCCURRED 2De. PLA fac at work led the deceased from.	CCE OF INJURY (Home, far, fory, street, office bldg., etc.	2Df. (City or town) 19 G., to 3 G.	nd on the date stated abo
20e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI 20c. TIME OF IN Hour a.m 21. I certify saw the dece	G CAUSE OF DEATH FY MEDICAL EXAMINER JURY Month, Day, Yo that (I) (this hosp ased alive on)	ear 2Dd. I White et work	NJURY OCCURRED 2De. PLA fac at work 2De. PL	cce OF INJURY (Home, farritory, street, office bldg., etc.) death occured at	m, 2Df. (City or town)	
20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI.) 20c. TIME OF IN Hour a.m p.m 21. I certify saw the dece 22a. SIGNATUR 22c. PHYSICIAN	G CAUSE OF DEATH FY MEDICAL EXAMINER JURY Month, Day, Yo that (I) (this hosp ased alive on)	ear 2Dd. I White et work	NJURY OCCURRED 2De. PLA fac at work 2De. PL	death occured at ATTENDING	20f. (City or town) 19 4 to 30	nd on the date stated abo
2Da, ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI.) 20c. TIME OF IN Hour a.m p.m 21. I certify saw the dece 22a. SIGNATUR	CAUSE OF DEATH FY MEDICAL EXAMINER JURY Month, Day, Yo that (I) (this hosp ased alive on	White of work	NJURY OCCURRED 2De. PLA fac at work 2De. PL	death occured at	2Df. (City or lown) 19 C. 1 to 3 C. 3 QA Mrom the causes a MED. STAFF DIRECTOR PHYS.	nd on the date stated abo
2Da, ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI) 20c. TIME OF IN Hour a.m p.m 21. I certify saw the dece 22a. SIGNATUR 22c. PHYSICIAN NAME (Tyr)	CAUSE OF DEATH FY MEDICAL EXAMINER JURY Month, Day, You that (I) (this hosp ased alive on) The control of	van C	NJURY OCCURRED 2De. PLA fec at work 2De. PL	death occured at 7. ATTENDING PHYS. 22d. ADDRESS	2Df. (City or town) 19 4 to 3 0 30AMrom the causes a MED. STAFF DIRECTOR PHYS. CENTRE ST., CU	19 (1) that (1) (we) I nd on the date stated about 19 MD. 6 276. SIGN
20e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI.) 20c. TIME OF IN Hour a.m p.m 21. I certify saw the dece 22a. SIGNATUR. 22c. PHYSICIAN NAME (Tyr)	JURY MONTH, Day, You that (I) (this hosp ased alive on) DR. W. A. (TION, 23b. DATE THE	van C	NJURY OCCURRED 2De. PLA fac at work 2De.	ATTENDING PHYS. 122 S. OR CREMATORY	2Df. (City or town) 19 4 to 3 0 304 Mrom the causes a MED. DIRECTOR PHYS. CENTRE ST., CU 23d. LOCATION (City, town)	nd on the date stated about 27b. DATE SIGN MBERLAND, MD. Or county) (State)
2Da. ACCIDENT OR CONTRIBUTING (IF EITHER, NOTIL) 20c. TIME OF IN Hour a.m. 21. I certify saw the dece 22a. SIGNATURI 22c. PHYSICIAN NAME (Ty) 3a. BURIAL, CREMA	CAUSE OF DEATH FY MEDICAL EXAMINER JURY Month, Day, Ye that (I) (this hosp ased alive on) Coal DR. W. A. CTION, 23b. DATE THE	van C	NJURY OCCURRED 2De. PLA fec at work 2De. PL	ATTENDING PHYS. 22d. ADDRESS 122 S. OR CREMATORY	2Df. (City or town) 19 4 to 3 0 30AMrom the causes a MED. STAFF DIRECTOR PHYS. CENTRE ST., CU	nd on the date stated about 27b. DATE SIGN MBERLAND, MD. nor county) (State) Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

Olas Shalling St. Th . OF THE PROPERTY. .4 .8 .0 AR . COME. COMP. ISSUE THE UP THE HEISTING ROSPITAL . CLEEKING IND. 130 PE DE TOURSET FREE PER LES NO. DR. M. W. Will COMER TESS, OEDMER ST., COMMERCAND, CO. and a classe control of the control of the control of

TO HOST AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Seath. The following physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial, cremation, or removal, and many event, within 72 hours after death.

15M 9/60

	5038	CERTIFICAT	E OF DEATH		05029
1. PLACE OF DEATH a. COUNTY ALLEGANY		MARYLAND	2. USUAL RESIDEN		stitution: Rasidence before admission) Y ALLEGANY
b. CITY OR TOWN (iff write RURAL end of CUMBERLA	ND,	c. LENGTH OF STAY IN 16	CUMBERL	If outsida corporata limits, write l	RURAL and give nearest town)
d. MMEMORPAY MEMORIAL	AL MOSPITAL (if not in h		RT.#4, B	ox 42	a. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print)	First MARY	Middla V •	LONG	4. DATE Month OF DEATH MAY	23 1961
FEMALE	6. COLOR OR RACE 7. MARK		JULY 18, 189	9. AGE (In years last birthdey) 67 yrs.	Months Deys Hours Min.
10a. USUAL OCCUPATIOn done during most of work House	ting life, aven if retired)	kind of business or industr)wn Home	W.VA.	PETERSBURG	U.S.A.
	L. EVANS		MARY J.		
Conditions, if any, gave rise to immedial (a), stating the uncause last.	derlying DUE TO (c) SIGNIFICANT CONDITIONS CO	Level Cenebral	Coulen Coo	udent	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WA OR CONTRIBUTING [(IF EITHER, NOTIFY) 20c. TIME OF INJUR	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Year 200		 (Enter nature of injury in ACE OF INJURY (Home, farn lory, street, office bldg., atc 	n, 20f. (City or town)	(County) (Stata)
Hour a.m. p.m. 21. certify the	de alive on May 2	ended the deceased from. 319, and that	death occured and	1959, to May	that (I) (we) last on the date stated above 22b. DATE SIGNED 5 /23/6/
23a. BURIAL, CREMATIC REMOVAL (Specify)	DN, 23b. DATE THEREOF May 26,196	1 Mt. Herman	OR CREMATORY	23d. LOCATION (City, fow) Cumberland	n or county) (Stata)
James F.	Scarpelli,	Cumberland, M	d. 25a. REC		ISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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JULY 18, 1802

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MARY J. DROME

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G. GERTON HIMELIER CHELLER 131 VIRGINIA AV., CLEREFLAD, NO.

rerelel May 10, 1001 Mt. Herman Cometony Combertant, 1d.

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LEWAN STORES AVEC.

JOHN L. EYAMS

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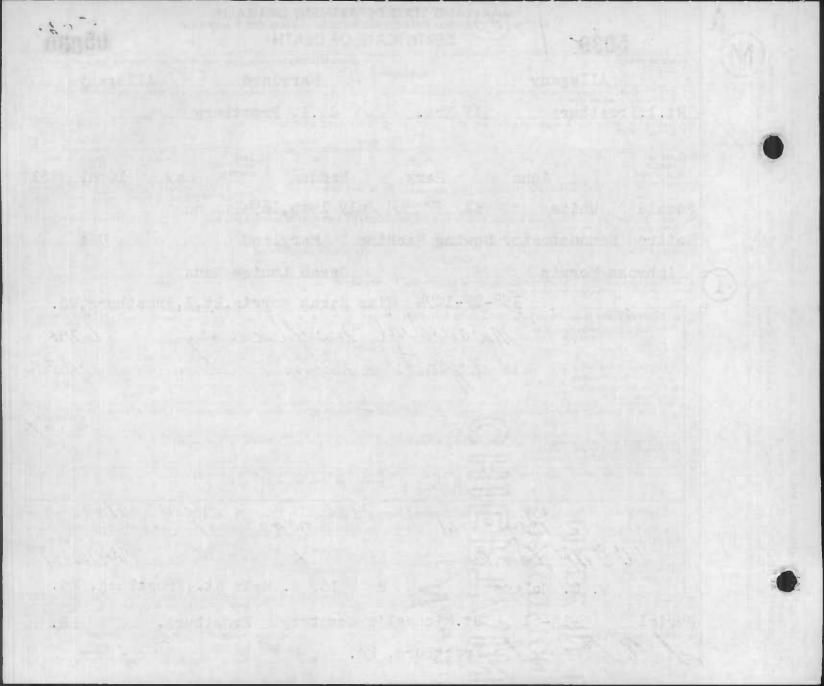
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

5039

U5080

1. PLACE OF DEATH o. COUNTY	411 a mam	MARYLAND	2. USUAL RESIDENCE (V		b. COUNTY			ion)
	Allegany If outside corporate limits, writ	e c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II			Allega RAL ond give no		n)
RURAL ond give n	eorest town)	15 Yrs.	X P+ 1	Frostbu	~~			
	TAL (If not in hospital, give stro		d. STREET ADDRESS	r r us kuu	T g			FARM?
3. NAME OF	First	Middle	Last	4. DATE	Month	C	Ооу	Yeor
(Type or print)	Anna	Mary	Madden	OF DEATH	May	10t		1961
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. A		Months Doys	-	ER 24 HRS Min.
Female	White WIDO	DIVORCED [July 14th,	1894	66 yrs.			
00. USUAL OCCUPATION	ON (Give kind of work done 1 king life, even if retired)	Ob. KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (STO	te or foreign count	ry)	12. CITIZEN C	OF WHAT	OUNTRY
	Demonstrator	Sewing Mach				U	SA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	INAME				
Ambrose	Morris		Sarah L	ouise N				
IS. WAS DECEASED EVE	ER IN U. S. ARMED FORCES? (If yes, give wor or dales of service)	16. SOCIAL SECURITY NO. 17	INFORMANT		Addres	SS		
	35	8-07-1074 M	iss Sarah M	orris,R	t, 1, Fr	ostbur	g Md	
	ATH [Enter only one couse pe	r line for (o), (b), and (c).]	000	/ .			TERVAL BE	
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	140carria	& mough	wion	Cy		6 m	20
41	DUE TO	1111+	- //					1-
Conditions, if o		Hypert o	recon				14	ar
gove rise to i								
lying couse lost.	, (-)						·	
PART II. OT	HER SIGNIFICANT CONDITION	ns <u>contributing to death</u> b	OUT NOT RELATED TO THE TER	MINAL DISEASE CO	ONDITION GIVE	N IN PART 1(o)	19. WAS PERFO YES	AUTOPSY DRMED?
(IF EITHER, NOTIFY	AS UNDERLYING \(\sum_{G} \) CAUSE OF DEATH (MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury i	in Port I or Port II (of item 1B.)			
20c. TIME OF INJUI			PLACE OF INJURY (Home, fo foctory, street, office bldg.,		town)	(County	у)	(Stote
Hour o.m.	19 Wi	work ot work	Tociory, street, office bidg., 1	eic.)				
21 I certify the	at (I) (this hospital) atte	ended the deceosed from	19/00	19	nay 10	1961	that (I) ((we) las
saw the decea	JM-	7 11	t death accurred 2134	M, from the	causes and			
220. SIGNATURE	0 10				, , , , , , , , , , , , , , , , , , , ,			b. DATE
(1)	ome The	12_			HYS.	May	1019	SIGNE
22c. PHYSICIAN'S NAME (Type)	111		22d. ADDRESS			1		
Trans (Type)	W. O. McLan	е	" 167 E.	Main S	t.,Fro	stburg	, Mo	
23g. BURIAL, CREMATIC		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	V (City, town, or	county)	(Sto	te)
Burial (Specify	5-13-61	St.Michael	's Cemetery	Fros	tburg.		Mo	1.
24. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS	25o. RE	C'D BY REGISTRAR	2Sb. REGIST	TRAR'S SIGNAT	URE	
1 199	14.1 7	Fronthung	MA DATE	MAY 12'61	0.	12mg 8 ft.		



VR A1S (4) 1SM 9/59

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5040

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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00.50				
1. PLACE OF DEATH O. COUNTY ALL EGANY	MARYLAND	2. USUAL RESIDENCE (WE	here deceosed lived. If institut b. COUNTY	rion: Residence before odmission) ALLFGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERIAND	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF a	AGE	RURAL ond give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street of INSTITUTION SACRED HEART HOSPITAL	oddress)	d. STREET ADDRESS RT. #1		e. IS RESIDENCE ON A FARM? YES NO W
3. NAME OF First DECEASED (Type or print) ALBERT	Middle	Lost MART IN	4. DATE Mo OF DEATH MA	
S. SEX 6. COLOR OR RACE 7. MARR MAT.E WHITE WIDOWE	RIED NEVER MARRIED XX	B. DATE OF BIRTH JAN.5. 1905	9. AGE (In years lost birthdoy) 56 yrs	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DISABLED	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote MARYIA		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME WILLIAM MARTIN (DECEAS)	ED)	ELIZABETH		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown) (If yes, one war or dates of service)	SOCIAL SECURITY NO. 17. II	PATIENTS CHA	wm.L. Mar	tin Mt. Savage, Ma
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ne for (o), (b), and (c).]	of five	E asuit	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
Conditions, if any, which gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u>	Ch Charles	J ruse		mach
PART II. OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	inal disease condition g	IVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Port I or Port II of item 18.)	
Hour o.m. While		ACE OF INJURY (Home, farm actory, street, office bldg., etc		(County) (Stote
21. I certify that (I) (this haspital) attends saw the deceased alive on	1 ()	death accurred at	1, 11,	, 1964, that (I) (we) last and an the date stated above
220. SIGNATURE	lli	M.D. PHYS.	STAFF PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) BLANE M. SCHINDLER.	M.D.	22d. ADDRESS	NEST., CUMBE	RIAND.,MD.
236. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) S-12-61	23c. NAME OF CEMETERY C		23d. LOCATION (City, town,	7/1 -
	uneral Home	250. REC		Orthur S. Firsus

SHE SUPPLEMENT OF SHEET 4 nadical residence of the second of the secon After the state of The Local Part of the Control of the

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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	3041	L		CERTIF	-ICAI	E OF DEA	AIH				U	0/19	36
	LACE OF DEATH			MAR	, YLAND	2. USUAL RESIDEN o. STATE			lived. If institution b. COUNTY	n: Resider			
_	ALLEGAN						MARYL	-				EGAN	
	CITY OR TOWN (If RURAL and give need	outside corporate limi arest town)	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW	VN (If outside		rote limits, write RI	JRAL ond	give neo	rest town	1)
	CUMBERL			45 Minu	tes	RU	RAL	E	CKHART				
	OR INSTITUTION	AL (If not in hospital, g				d. STREET ADDI	RESS					e. IS RES	FARM?
2	SACRED		PITA			1.1	4 7	DATE	A4				
	NAME OF DECEASED (Type or print)	SUS		Middle		MART TRANO	1 0	OF DEATH	MAY	m	600	′	Year 19 6]
S. 5	EX	6. COLOR OR RACE	7. MARE	HED NEVER MARRI	ED B	DATE OF BIRTH			9. AGE (In years	IF UNDER			1
	FEMALE	WHITE	WIDOWI	DIVORCE	D 🔲	FEB. 8,	1907		54 birthdoy) yrs.	Months	Doys	Hours	Min.
100		N (Give kind of work		KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPLACE	(State or for	reign co	ountry)	12.CIT	IZEN OF	WHAT	COUNTRY
	HOUSEWIF	ng life, even if retired	OW	N HOUSEW	ORK	MAR	YIA ND				US	A	
13.	FATHER'S NAME					14. MOTHER'S MA	AIDEN NAME			1			
	CATTA	TORE ZUM	PANO			VINCE	ENZA F	305	ANOVA				
15.		IN U. S. ARMED FOR	444	SOCIAL SECURITY NO). 17. INF	ORMANT	IN AR I		Addr	ess			
[Ye	i, no, or unknown) (I	f yes, give war or dates of s	ervice)			PATI	ENTS C	CHAR	T				
F	18. CAUSE OF DEAT	TH [Enter only one co	use per li	ne for (o), (b), and (c)	.1							RVAL BE	
	PART I. DEAT	H WAS CAUSED BY:	Car	ebral vasc	*	accident					ONS	dav	DEATH
	422.1	IMMEDIATE CAUSE (o)								-	440	
	Conditions, if an	y, which) (b	Art	eriesclero	tic c	ardio-vas	cular	dis	ease		5	Yes	rs
	gove rise to im	mediote (,									7-0-0	
	couse (o), stating the lying couse lost.	ne <u>under-</u>	,										
CATION	PART II. OTHI	ER SIGNIFICANT CON		CONTRIBUTING TO DE	ATH BUT N	IOT RELATED TO TH	IE TERMINAL I	DISEASE	CONDITION GIV	EN IN PAI	RT 1(o) 1	9. WAS PERFO YES	AUTOPS)
CERTIFI	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DES	cribe how injury c	OCCURRED.	(Enter noture of in	jury in Port I	or Port	II of item 18.)		Ų.		
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	20d. II While of wor	NJURY OCCURRED Not while t of work		CE OF INJURY (Honory, street, office bloom		Of. (City	or town)	(County)		(Stote
	21. I certify that	(I) (this haspital) attend	ded the deceased	fram	4 - 15	1956	, .ta	5 -67	, 19.6	1, th	at (1) ((we) la
	saw the decease	ed alive an 5_	- 6	19 61 , and	that de	ath accurred o	19_ M.	fram	the causes an	d an th	e date	stated	dabave
	220. SIGNATURE	1 R				ATTENDING _	_ MED.		STAFF				B. DATE SIGNE
	year,	24. Du	elen		M	.D. PHYS.	DIRECTO	OR 🗌	PHYS.				

24. FUNERAL DIRECTOR'S SIGNATURE

23a. BURIAL, CREMATION, 23b. DATE THEREOF BREMOVAL (Specify) 5-9-61

22c. PHYSICIAN'S

NAME (Type)

E 0 7. 4

ADDRESS

W. BALLIN, M.D.

25a. REC'D BY REGISTRAR

Greene St. Cumberland

Frostburg,

23d. LOCATION (City, town, or county)

25b. REGISTRAR'S SIGNATURE

FROSTBURG, Md.

23c. NAME OF CEMETERY OR CREMATORY

St.Michael's Cemetery

DATEMAY 1 0 '61

22d. ADDRESS

Chilling S. Firages

5-8-61

(Stote)

Md.

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funeral by the and 2 death. þ .= Pages led hours papers. complet ÷ pou withi and car physician гетом attending pt Then please r g physics signed burial-transit peen PHYSICIANA PROPERTY OF A PROPE þ After may be retaine DIRECTOR: should State D FUNERAL 3 ector. filed death.

CERTIFICATION

24 FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY e. STATE b. COUNTY ALLEGANY ALLEGANY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 write RURAL end give neerest town) CUMBERLAND CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS MEMORIAL HOSPITAL 5 S. MECHANIC NAME OF Middle Lest DATE Month DECEASED OF (Type or print) DEATH GE ORG LA MAUS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (in yeers | IF UNDER 1 YEAR | last, birthdey) Months FEMALE WIDO WED DIVORCED 10e, USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE PRATT ELLEN LARKIN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) MEMORIAL HOSPITAL - CUMBERLAND, MARYLAND 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUF TO Conditions, if eny, which geve rise to Immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Yeer fectory, street, office bldg., etc.) While Not While et work et work 19 (4), that (1) (we) last 21. | certify that (i) (this hospital) attended the deceased from ... 22e. SIGNATURE ATTENDING MED. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) N. CENTRE STREET. CUMBERLAND. MD. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Camelery YICKS

Cumberland,

e. IS RESIDENCE

YES NO K

Yeer

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO [

> > (Stete)

DATE

(Stete)

250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

circhur S. Thous

MAY 2 2 '61

MC . DATE

SIGNED

IF UNDER 24 HRS.

Day

U.S.A.

ON A FARM?

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非是自己的 2710 5 TERRITO, GIVENISM LE P 383 | m | m | | U.B.U. REPORTAL HOSPITAL - CU DESCAID, MARYLAND DR. M. P. 14125 MARCH. CERTE STIEST, SAMESHELD, NO. Bull hard and of the control of the later of the later of the fort the standard of the the standard of

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	STATE DEPARTMEN			
DIVISION OF STATISTICAL RESEARCH AND STATISTICAL RESEARCH RESEARCH AND STATISTICAL RESEARCH RESEA	TIFICATE OF DE		LTIMORE 1, MARY	5034
1. PLACE OF DEATH a. COUNTY	2. USUAL RE	SIDENCE (Where deceased		ica before admission)
Allegany	MARYLAND a. STATE	hio	b. COUNTY	
b. CITY OR TOWN (if outside corporata limits, we RU At and give nearest town)	OF STAY IN 16 c. CITY OR	TOWN (If outside corporata li	mits, writa RURAL and giva	naarast town)
	nrs. Fair	port Harbor		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give str	eet address) d. STREET A	DDRESS	71123	e. IS RESIDENCE ON A FARM?
Miners Hospital	307	6th Street	137	YES NO
3. NAME OF First N DECEASED	iddle Last	4. DATE OF	Month Day	Yaar
(Typa or print) Deborah Diann			iny 10	19 61.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED K B. DATE OF BIRTH		(In years IF UNDER 1 YEAR birthday) Months Days	Hours Min.
	VORCED 3-27-66	1	yrs.]	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad)	NESS OR INDUSTRY 11. BIRTHPLAC	CE (County & State, or foreign		OF WHAT COUNTRY?
None	le Clev	eland, Ohio	0.2	5. A.
13. FATHER'S NAME				
Charles L. McAlpine		s J. Wright		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC (Yes, ac, or unkown) (Ifyasgive warptdales of service) None		35 43 .	AddreFairport	Harhor,
No None None None	Unaries L	. McAlpine,	307 6th Str	reet, Ohio
PART I. DEATH WAS CAUSED BY:	, and (c).j	10 1	0)	SET AND DEATH
IMMEDIATE CAUSE (a) COCCOCC	gostro er	uerus	/	'In days
DUE TO S	1 - 20 0 1	+	1	1
Conditions, if any, which gave rise to immediate cause	acingas	accom	/	acy!
(a), stating the underlying DUE TO	\ 0			1
	O DEATH BUT NOT RELATED TO TH	IF TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(a)	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH				PERFORMED?
20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW	NJURY OCCURED, (Enter nature of i	niury in Part I or Part II of iter		IE NO PA
OR CONTRIBUTING CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	JRRED 20e. PLACE OF INJURY (He	ome, farm, 20f. (City or tov	vn) (County)	(State)
Hour a.m. Whila Not Wh	le factory, streat, office b			
	6-9	1061 . 3	-10 10/1	1 (1) () 1 (
21. I certify that (I) (this hospital) attended the disaw the deceased alive on		140	196/., 196/.,	
22a, SIGNATURE	, and that death occurre	o arm, from the	causes and on the d	22b. DATE
Att distal	M.D. ATTENDING	MED. STA	AFF YS.	5 SIGNED
22c. PHYSICIAN'S	M.D. 22d. ADDR	And I		0 10/6/
NAME (Typa) H.C.DiehL	M.D. 7	sost tru	ra, hre	11
	OF CEMETERY OR CREMATORY	23d, LOCATION	(Sity lown or county)	(Stete)
REMOVAL (Specify) Burial 5-12-1961 Fck	and Carrie	Eckha	rt	Md.
24 FUNERAL DIRECTOR'S SIGNATURE Hafer Funer	1 COMA	25a. REC'D BY REGISTRAR	n D.	TURE
	Frostburg, Md.	MAY 15 '61	arthur S. Firmes	
Not the mountaine	TON ORMED SHIME			

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15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION	5044	L RESEA	CERTIFICA	TE OF DEATH	N STREET, BALTIMO	RE 1, MAR	U5035
1.	PLACE OF DEATH			tem 9 Film C	2. USUAL RESIDEN	ICE (Where decessed lived, If i	institution: Reside	nce before edmission)
y	a. COUNTY	legany		MARYLAND	Marylan	b. coun	Ilegan	7
1-	b. CITY OR TOWN (i	f outside corporate limi	ts,	c. LENGTH OF STAY IN 18	- 0	(If outside corporete limits, write	0 0	
	Cumber Cumber	give neerest town)		55mg	Cumberla		1	
(14)			if not in hos	55yrs spitel, give street eddress)	d. STREET ADDRESS		-	e. IS RESIDENCE
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1	ON A FARM?
3.	DOZ_Neces	ssity St.		Middle	l 55% Nece	SSITY St. Month	De	YES NO T
"	DECEASED (Type or print)	Tana	Th.E.		- 7	OF		
5	SEX	Lena	M		rdle		II,	19 61
1	Ei	5. COLOR OR RACE	7. MARKIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeers last byrthdey)	Months Deys	Hours Min.
	r	21	WIDOWE		.,	386 74,64 yrs.		
d	one during most of wo	ON (Give kind of work	d) 10b. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Cou	inty & State, or foreign country)	12. CITIZEN	OF WHAT COUNTRY
1	Housew:			wnhome	Everson,	Pa.		USA
13	. FATHER'S NAME				14. MOTHER'S MAIDEN	INAME		
	Cornel	ius Mille	r		Anna	C. Pressman		
	. WAS DECEASED EVI	ER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address		
1,	NO (II	yes give weror detes of s		one	Mrs - ######	Clara Leasur	e 532	Necessity
F	18. CAUSE OF D	EATH [Enter only one		line for (e), (b), and (c).]	/			TERVAL BETWEEN
	PART I. DEATI	WAS CAUSED BY:		rgestine tre	The land		C	NSET AND DEATH
	40000	IMMEDIATE CAUSE (e)	01.	Se muc la	our for our			- numin
	C	DUE TO	4.0	Terrely to	i leget or	lavene		260
	Conditions, if eny	ete ceuse	ar	un runger	e april o			peces
	(a), steting the unceuse lest.	derlying DUE TO	gen	neiliged	aterman	nis		2 Glass
Z	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
CATION								YES NO
TEN	20a. ACCIDENT WA	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCUR	ED. (Enter neture of injury in	Pert I or Pert II of item 18.)		
CERTIFI	OR CONTRIBUTING	MEDICAL EXAMINER)						
1×	20c. TIME OF INJU	RY Month, Dey, Yes	er 20d.	INJURY OCCURRED 20e. P	LACE OF INJURY (Home, fer	m. ' 20f. (City or town)	(County)	(Stete)
MEDICAL	Hour a.m.		While	Not While	ectory, street, office bldg., et		, , ,	(5.5.5)
X	p.m.	19	et wor	k et work	21 0	1		
	21. I certify th	nat (I) (this hospit	al) atten	ded the deceased from	7-3- TO	1937, 10.3	196.1.,	that (1) (we) las
	saw the deceas	ed alive on?		196/ , and th	at death occured at	L.M. from the causes	and on the o	date stated above
	220. SIGNATURE	ih.			ATTENDING.	MED. STAFF		22b. DATE
	h	/wills)			M.D. PHYS.	DIRECTOR PHYS.		3/12/6/
	22c. PHYSICIAN'S NAME (Type)				22d. ADDRESS			
		Lewis	Brin	gs 55 Gre	en St. Cumb	erland, Ms.		
23	REMOVAL (Specify)	ON, 235. DATE THER	EOF	23c. NAME OF CEMETER		23d. LOCATION (City, tow	vn or county)	(Stete)
	Burial	5-14-6	I	Rose Hill	Cemetery	Cumberland,	Md.	
24	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	25e. RE	C'D BY REGISTRAR 256. REG	SISTRAR'S SIGNA	ATURE
	James :	F. Scarpe	111	Cumberland,	Md. DATEM	AY 1 6 '61		
-				/		Coo	thur S. Tha	ua

* REMOU . Ja vylasson soc .Ja vylla sees bad-Heardie May 11, Add abil T and .al. mosragi Anna G. Freeman Sod STREET CLATE DORSET DOG Ditional to the services Le an incluye . Et Dream St. Conterline, its. hariat 8-16-61 Rose bill descript Curberland, he. Jacob P. Carladin Curterland, at . Deal

led in by the funeral ages 1 and 2 should TO HOST L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death.

Solution of the death of the death of the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

H BALTIMORE 1, MARYLAND U5030

NOI	OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESION STREET, E	NATE I IN
	5045	CERTIFICATE OF DEATH	

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	JCE (Where de			ca befora e	d mission)
Allegany	MARYLAND	a. STATE Mary	land	b. COUN	ATTER	01777	
b. CITY OR TOWN (if outside corporate limits, writa RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		orata limits, write	RURAL and give	neerast town	n)
Frostburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	1 Wk.		Savage				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pitel, give street address)	d. STREET ADDRESS				e. IS RE	SIDENCE FARM?
Miners Hospital		/				YES	NOVE
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day	Yeer	- Jh
(Type or print) JOHN	PATRICK	McGANN	DEATH	5	5	19	67-
5. SEX 6. COLOR OR RACE 7. MARRIE	D Y NEVER MARRIED 8	DATE OF BIRTH	9	AGE (In yeers last birthday)	IF UNDER I YEAR	IF UNDER	
M W WIDOWE	D DIVORCED 1	1-24-1896		64 yrs.	Months Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	inty & State, or	foreign country)	12. CITIZEN C	F WHAT C	OUNTRY?
Maintenance Worker Kel	ly Tire Co.	Frostburg	or .		U.S	. A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN					
James McGann		Mary Du	rkin				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT		Address	Frostbu:	ro Mi	1 .
(Yes, no, or unkown) (Ifyasgivewarordatesofservice)	-18-7165 Mi	ss Anna Me	Gann				
18. CAUSE OF DEATH [Enter only one cause per l		os mine m	ou airii,	TT HOD.		TERVAL BET	
PART I. DEATH WAS CAUSED BY:		_/		`	10	ISET AND D	EATH
IMMEDIATE CAUSE (e)	oncero -	prew	mon	ra		1000	en
DUE TO	01	/		۹_		-	and the same of th
Conditions, if eny, which (b)	conde	ry an	em	ra			_
gave rise to immediate cause (a), stating the underlying DUE TO		+					
causa lest. (c)		()					
Z PART II. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1 a)	19. WAS A	UTOPSY RMED?
a car	theritis						NO D
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	CRIBE HOW INJURY OCCURED	. (Enter natura of injury in	n Part I or Pert I	of item 18.)			
20c. TIME OF INJURY Month, Day, Year 20d.		CE OF INJURY (Homa, fai		or town)	(County)	1	(Stete)
20c. TIME OF INJURY Month, Day, Year 20d. While a.m. 19 et wor	1401 411110	ory, streat, office bldg., at	ic.)				
		4-57	10/01	6-	· solat	.1 (1) (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
21. I certify that (I) (this hospital) atten			19.01, to.			that (I) (
saw the deceased alive on	19 6 /, and that	death occur	S.M.M, from	the causes	and on the d		
22a. SIGNATURE	10	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		5/	DATE SIGNED
22c. PHYSICIAN'S		22d. ADDRESS				1	-101
NAME (Type) HIC, Die	AL, M.D.	, FRO:	STB	URC	-, M	di	
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOC	ATION (City, to	wn or county)	(St	tate)
Burial 5-8-61 S	t. Patricks	Cemeterv	Mt.	Savage	,	Md.	
SA ELINERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. RI	EC'D BY REGIS	RAR 256. RE	GISTRAR'S SIGNA	TURE	
Bulak of Montesau 23 E.	Funeral Home Main Frostbu	ro Md DATE A	MAY 9 '6	1 0	Ireling & the	au A	

2009 M) Trans THE STATE OF THE S nin tananno topo entil afte i catingo comanadata 2 . 14 5 15 5 5 CO. . IL selekting II, mor but same value 3010-31-05 Y A December 1 - Company of the Compan Taranti tale,

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND COLE CERTIFICATE OF DEATH

Miners Hospital Name OF DECEASED (Type or print) Name OF DECEASED (Type or print) Augustus M. Meyers May 9 1965 S. SEX A. COLOR OR RACE 7, MARRIED NEVER MARRIED OF NEVER MARRIED OF NEVER MARRIED NEVER MARRIED OF NEVER MARRIED NEVER		40				00433
Allegany b. CITY OR LOWN (if outside corporate limits, write RURAL and give neveral town) Frostburg several years d. NAME OF HOSPITAL OR INSTITUTION (if not in hapitel, give street address) Miners Hospital 3. NAME OF HOSPITAL OR INSTITUTION (if not in hapitel, give street address) Miners Hospital Middle Winers Hospital Middle Winers Hospital Middle Winers Hospital Augustus W. Meyers Augustus W. Meyers Augustus W. Meyers AGE (in years if FUNDER 19FAR if F	a. COUNTY			2. USUAL RESIDENCE	(Where deceesed lived, If ins	titution: Residence before edmission
b. CITY OR TOWN If outside corporate limits, write RURAL and give necestations) Frostburg J. NAME OF LONG INSTITUTION (if not in hospite), give steel address) J. NAME OF Miners Hospital J. NAME OF STATE MORPH AUGUSTUS Miners Hospital J. NAME OF First May J. DATE Month Day May J. DATE Month Day J. AGE (in years if UNDER I YEAR) Months Divorced Oct. 10, 1906 J. DATE Month Divorced Oct. 10, 1906 J. DATE Month Divorced Oct. 10, 1906 J. DATE J. DATE Month Day J. AGE (in years if UNDER I YEAR) Months Day Months Divorced Oct. 10, 1906 J. William J. MOTHER'S MADEN NAME Annie Platter J. MOTHER'S MADEN NAME Annie Platter J. MOTHER'S MADEN NAME Annie Platter J. DATE J. MOTHER'S MADEN NAME Annie Platter J. DATE J. MOTHER'S MADEN NAME Annie Platter J. MOTHER'S MADEN NAME J. MOTHER'S MADEN NAME Annie Platter J. MOTHER'S MADEN NAME J. MOTHER'S MADEN NAME Annie Platter J. MOTHER'S MADEN NAME	Allogonz		MANDET WATE			allen 1
## SEVERAL SET STORES OF DEATH [Enter only one cause per line for (e), (b), end (c), start local starting gave rise to immediate cause (e), starting gave	b. CITY OR TOWN (if outside cor	rporete limits				URAL end give present town
Miners Hospital Miners Hospital Miners Hospital Miners Hospital Middle Death Meyers Augustus Augustus Augustus Augustus Augustus Augustus Augustus Meyers Augustus Augus	write RURAL end give neerest	t town)	3	V		
Miners Hospital Name of Decrased (Type or print) Augustus W. Meyers Augustus W. Meyers Accilin yeers if Under Yeer Male White Widower Miners Hospital Never Married Never Married Never Married No Det of Birth No Det of Death No Det of Dirich (Surve kind of week) Self-employed - Trucker Trucking No Somerest Co., Pa. 16. McThers Mande Annie Platter Address Annie Platter No 18. CRUSE Of Death (Enter only one cause per line for (e), (b), end (e).) PART I. Death WAS CAUSED BY, IMMEDIATE CAUSE (e) Myocardial Insufficiency DUE TO Condinosa, if any, which geve rise to immediate cause (e), steling the underlying cause lest. DUE TO Condinosa, if any, which geve rise to immediate cause (e), steling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PROPRIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PROPRIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PROPRIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PROPRIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PROPRIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PROPRIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PROPRIED TO THE TERMINAL D					tburg - rural	V Drains in
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DECERSED (Type or print) Augustus W. Meyers DEATH May 9 19 6. SEX 6. COLOR OR RACE Married Never MARRIED S. DATE OF BIRTH 9. AGE (In year) FUNDER 1 YEAR If UNDER 1 YEAR If UNDER 2 YEAR If	Miners Ho	spital		RD#	1	YES NO
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years if UNDER 17 YEAR IF UNDER 24 Sex		First	Middle	Lest		Dey Yeer
SEX Male White WIDOWED DIVORCED Oct. 10, 1906 Male White WIDOWED DIVORCED Oct. 10, 1906 Months Devs Hours of Mon	(Type or print)	oustus	W.	Mevers	DO THE OWNERS OF	9 19 61
Male White WIDOWED DIVORCED Oct. 10, 1906 Male White WIDOWED DIVORCED Oct. 10, 1906 Sulf brinder) Widows Months Devs Mours of the more during most of working life, even if retired		OR BAGE!			9. AGE (In yeers IF	
SUBJAL OCCUPATION (Give kind of work neededing most of working life, even if retired) Self-employed - Trucker Trucking Somerset Co., Pa. FATHER'S NAME Charles Meyers Was DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) Limited by the working life working life, even if retired) DUE TO Conditions. If any, which geve rise to immediate cause (e), selected lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUT PERFORM YES NO 20e. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUT PERFORM YES NO 20e. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUT PERFORM YES NO 20e. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUT PERFORM YES NO 20e. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUT PERFORM YES NO 20e. TIME OF INJURY Month, Day, Year While Selected Strong Staff While Not have with an at work at work at while event at work at the deceased alive on May 9	Mana Uhid			ot 10 1906		Months Deys Hours Min.
self-employed - Trucker Trucking Somerset Co., Pa. Self-employed - Trucker Trucking Somerset Co., Pa. II. MOTHER'S MANDEN NAME Charles Meyers MAS DECEASED EVER IN U.S. ARMED FORCESS: 16. SOCIAL SECURITY NO. 17. INFORMANT No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (e) DUE TO Conditions. If any, which geve rise to immediate cause (a), slating the underlying cause lest. COR CONTRIBUTING CAUSE OF DEATH (ETHER, NOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN					74	1 12 CITIZEN OF WHAT COUNTR
Charles Meyers WAS DECEASED EVER IN U.S. ARMED FORCES? So, no, or unknown (Ityges give were or dates of service) NO 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO Conditions of any, which geve rise to immediate cause (a), stating the underlying cause line for (b). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUT PERFORM YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer While et work all work all work factory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from JULY (A) (From the causes and on the date stated at 22c. SIGNATURE) And HOTHER'S MADDER AND EACH TO Address And TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUT PERFORM YES NO While et work all work factory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from JULY (Home, farm, factory, street, office bldg., etc.) 22. I certify that (I) (this hospital) attended the deceased from JULY (May 9) (County) (Sin Staff) ATTENDING MED. STAFF	ne during most of working life, ev	ren if retired)	·			
Charles Meyers WAS DECEASED EVER IN U.S. ARMED FORCES? Sas, no, or unknown) (lifyesgive were or dates of service) 2114-03-5266 Mrs. Anna M. Meyers, RD#1, Frostburg, Mary. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (e).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e), Myocardial Insufficiency DUE TO Conditions if any, which give rise to immediate cause (a), stelling the underlying cusus less it. Cl. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTO PERFORM YES NOT CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTO PERFORM YES NOT CONTRIBUTING CAUSE OF DEATH Hour e.m. 19 while Not While of work at work factory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from July 19. 100 May 9 19. 19. 11. that (I) (wo saw the deceased alive on May 9 19. 19. 11. and that death occurred al M, from the causes and on the date stated a 22c. SIGNATURE AND THE ADMINISTRATE AND THE MEDICAL EXAMINER AND WHILE of While of Work at work and w		i - Trucker	Trucking			USA
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PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Myocardial Insufficiency Conditions of any, which gove rise to immediate cause (a), stelling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTERED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTERED TO RECONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. TIME OF INJURY Month, Day, Yeer While cause of Injury of Injury (Home, farm, p.m. 19 et work at work factory, street, office bidg., etc.) 21. I certify that (I) (this hospital) attended the deceased from 19. July 19. May 9 19. Ithat (I) (wo saw the deceased alive on May 9 19. Ithat (I) (wo saw the deceased alive on May 9 19. Ithat (I) (wo saw the deceased alive on May 9 19. Ithat (I) (wo saw the deceased alive on May 9 19. Ithat (I) (wo saw the deceased alive on May 9 19. Ithat (I) (wo saw the deceased alive on May 9 19. Ithat (I) (wo saw the deceased alive on May 9 19. Ithat (I) (wo saw the deceased alive on May 9 19. Ithat (I) (wo saw the deceased alive on May 9 19. Ithat (II) (wo saw the deceased alive on May 9 19. Ithat (II) (wo saw the deceased alive on May 9 19. Ithat (II) (wo saw the deceased alive on May 9 19. Ithat (II) (wo saw the deceased alive on May 9 19. Ithat (II) (wo saw the deceased alive on May 9 19. Ithat (II) (wo saw the deceased alive on May 9 19. Ithat (II) (wo saw the deceased alive on May 9 19. Ithat (II) (wo saw the deceased alive on May 9 19. Ithat (II) (wo saw the deceased alive on May 9 19. Ithat (II) (wo saw the deceased alive on May 9 19. Ithat (II) (wo saw the deceased alive on May 9 19. Ithat (II) (wo saw the deceased alive on May 9 19. Ithat (II) (wo saw the deceased alive on May 9 19. Ithat (II) (wo saw the deceased alive on May 9 19. Ithat (II) (wo saw the deceased alive on May 9 19. Ithat (II) (wo saw the deceased alive on May 9 19. Ithat (II		er only one cause per lin		0 - 2HILLO 11 - 110	3010, 100/12, 12	INTERVAL BETWEEN
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Conditions if any, which geve rise to immediate ceuse (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPERCORM. 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPERCORM. 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. TIME OF INJURY Month, Day, Yeer While Not While of work at work factory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from July 1000 May 9. 19. That (I) (we saw the deceased alive on May 9. T	IMMEDIATE	CAUSE (0) MYOCE	ardial Insuiii	clency		TO MO.
geve rise to immediate cause (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORM YES NOT	4/5X		70.1			10.000
(a), steling the underlying DUE TO cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORM YES NO 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORM YES NO 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORM YES NO 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF PART 1(a) 19. WAS AUT PERFORM YES NO 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stellar of the work o		(b) Chr.	Rhoumatic Fev	er		years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORM YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer While Not While et work at work 19. Month, Day, Yeer work at work 19. Month, Day, Yeer work 19		DUE TO				
PERFORM YES NC 20e. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer Hour e.m. p.m. 19		(c)				
20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) 20e. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Pert II or Pert II of Item 18.) 20e. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Pert II or	PART II. OTHER SIGNIFICAN	NT CONDITIONS CONT	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	
20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer While Not While of work at work						
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year While Not While et work at w	20e. ACCIDENT WAS UNDERLY	YING 20b. DESC	RIBE HOW INJURY OCCURED	(Enter neture of injury in Pe	rt I or Pert II of Item 18.)	
20c. TIME OF INJURY Month, Day, Yeer Hour e.m. While et work 19 Not While at work 20. PLACE OF INJURY (Home, farm, p.m. 19 While at work 20. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from July 19 10 AM 9 19 19 10 AM 19 19 19 19 19 19 19 19 19 19 19 19 19	OR CONTRIBUTING CAUSE C	OF DEATH				
Hour e.m. p.m. 19 While of work at	IN CITIER, HOTH MEDICAL EX		THIRTY OCCUPANTS ON BLA	CE OF HUMAN ALL	200 1024 - 1	(County) (Stete)
p.m. 19 of work at work 19 at work 19 19 19 19 19 19 19 19 19 19 19 19 19					20f. (City or fown)	(County) (Stete)
saw the deceased alive on May 9						
saw the deceased alive on May 9	Hour e.m.	19 et work	ar work			
226. SIGNATURE ATTENDING MED. STAFF 226. C	Hour e.m.	17		July 4 4	60 May 9	19 61 that (I) (we) la
ATTENDING MED. STAFF MED.	Hour e.m. p.m. 21. I certify that (I) (th	nis hospital) attende	ed the deceased from	July 4 9:12	O AM	, 19.61, that (I) (we) la
MD PHIS. DIRECTOR PHIS.	Hour e.m. p.m. 21. I certify that (I) (the saw the deceased alive to the saw the saw the saw the deceased alive to the saw the sa	nis hospital) attende	ed the deceased from	July 4	O AM	nd on the date stated above
	Hour e.m. p.m. 21. I certify that (I) (the saw the deceased alive to the saw the saw the deceased alive to the saw the deceased alive to the saw th	nis hospital) attende	ed the deceased from 19 61, and that	ATTENDING ME	O AMM, from the causes an	nd on the date stated above
	Hour e.m. p.m. 21. I certify that (I) (the saw the deceased alive of the saw that	nis hospital) attende	ed the deceased from 19 61, and that	death occured af ATTENDING ME DIR	O AMM, from the causes an	nd on the date stated abov 22b. DATE
NAME (1990)W. O. McLane, MD Frostburg, Md.	Hour e.m. p.m. 21. I certify that (I) (the saw the deceased alive of the saw th	on May 9	ed the deceased from 19 61, and that	ATTENDING ME PHYS. 22d. ADDRESS	D. STAFF	nd on the date stated abov 22b. DATE
	Hour e.m. p.m. 21. I certify that (I) (the saw the deceased alive expected by the saw that the saw the deceased alive expected by the saw that the	nis hospital) attende	ed the deceased from 19 61, and that	ATTENDING ME PHYS. 22d. ADDRESS	D. STAFF	
n Marr 12 1061 T O O F Comptage Rockwood Somercet Co Pa	Hour e.m. p.m. 21. I certify that (I) (the saw the deceased alive of the saw the saw the saw that saw that saw the saw that saw th	McLane, MD	ed the deceased from	D. ATTENDING MEPHYS. 22d. ADDRESS Frostburg	O AMM, from the causes an D. STAFF ECTOR PHYS. Md.	nd on the date stated above 22b. DATE SIGNE SIGNE
FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REGISTRAR'S SIGNATURE	Hour e.m. p.m. 21. I certify that (I) (the saw the deceased alive to 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type) W. O. e. BURIAL, CREMATION, 23b. I REMOVAL (Specify)	McLane, MD	ed the deceased from	DR CREMATORY	D. STAFF ECTOR PHYS. D	or county) on the date stated above 22b. DATE SIGNE S
W. J. Wood, Rockwood, Pa.	Hour e.m. p.m. 21. I certify that (I) (the saw the deceased alive to the saw the saw that the saw the saw the saw that the saw that the saw that the saw that the	McLane, MD DATE THEREOF y 12, 1961	ed the deceased from	D. ATTENDING MEPHYS. 22d. ADDRESS Frostburg OR CREMATORY 25a. REC'L	D. STAFF PHYS. Md. 23d. LOCATION (City, town Rockwood, Som	or county) (Stete) (Stete) (Stete)

OCOOF

TO HOSTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death.

A death.

A death.

A death.

A death.

A death the retained by the hospital or attending physician.

A the first certificate has been signed by the attending physician and complete the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

SMOU aliegen all made to the form of the forth

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

65037

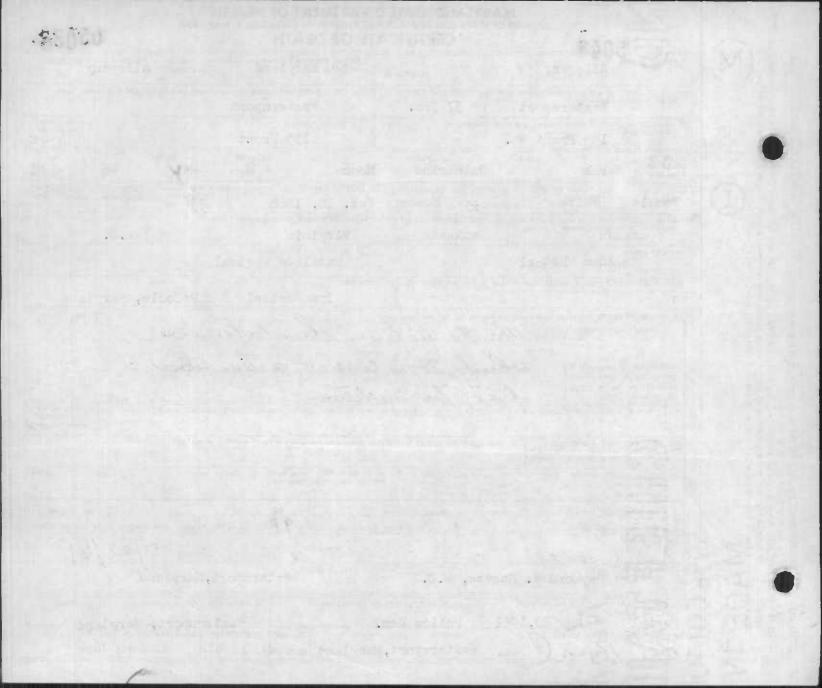
a. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (WI a. STATE		b. COUNTY	
b. CITY OR TOV RURAL and gi	VN (If outside corporate limits, wive nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF			give nearest nawn)
	mberland	4/26/60		a vage		10 0501051155
OR INSTITUT	OSPITAL (If not in hospital, give : ION	street oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Alle	gany County]	Infirmary				YES NO
3. NAME OF DECEASED (Type or print)	First Emma	Middle	Miller .	4. DATE OF DEATH	Month Ma V	Day Year
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AC	E (In years IF UND	ER 1 YEAR IF UNDER 24 HRS.
Female	e White w	DOWED DIVORCED	T2/T0/T88	1. 7	Months yrs.	Days Haurs Min.
10a. USUAL OCCU	PATION (Give kind of wark dane	106. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State	or foreign country	12.0	ITIZEN OF WHAT COUNTRY?
	warking life, even if retired) Swife	Orm houseawark	Man	T		TT 0 4
13. FATHER'S NAM		lown housework	14. MOTHER'S MAIDEN I	yland		U.S.A.
			444.49	7		
S WAS DECEASED	Charles Lehi	7 16. SOCIAL SECURITY NO. 17.1	A LEWIS BALLANIE	len Wor	Address	
(Yes, no. or unknown)	(If yes, give war or dates of service) . SOCIAL SECOKITI NO. 17.			Cumberla:	
			Allegany Co	unty In	firmary	records
	F DEATH [Enter anly ane cause	per line far (a), (b), and (a).]	1.11.	P		ONSET AND DEATH
PART I.	. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cerevral	Much	ans.		7
59	2 X DUE TO	0 1	· / /-	-1.0.	<i>c</i>	-
Conditions,	if any, which) (b)	Cerebral	arrens	scle	rosio,	,
	to immediate (en c	4- /	1/		-
lying cause	oring the under-	Chronic	rephr	iteo	1	
Z PART II.	OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	NAL DISEASE CON	NDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY
2	Chron	ic myoca	rough &	eque	ration	PERFORMED? YES NO
OR CONTRIBU	T WAS UNDERLYING [] 20b TING [] CAUSE OF DEATH DTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part II of	item 18.)	
Haur a		20d. INJURY OCCURRED 20e. P While Nat while for the wark at work	LACE OF INJURY (Home, farm actary, street, affice bldg., etc		iwn)	(County) (State)
21. 1 certify	that (1) (this hospital) o	ttended the deceosed from.	1/26/60.19	,.to	5/8/6719	, that (I) (we) lost
		8/6T_19, and that				
220 SIGNATU		- 17				22b. DATE
1	Jauren 7.7	2 Kiall	M.D. PHYS.	ED. ST	AFF IYS. 🛣	5/0/6T
22c. PHYSICIA	N'S		22d. ADDRESS	-		2/ 3/ 01
NAME (T)	Dr. James	E. McLean	49 Gre	ene St.	Cumber	land, Md.
23g BURIAL CREA	MATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY			(City, town, or county	
REMOVAL (Sp.			s Cemetery			
24. FUNERAL DIREC	TOP'S SIGNIATURE	ADDRESS		D BY REGISTRAR	avage,	Md.
Za. TUNENAL DIREC	7 A SIGNATURE		4.4	AY 12'61	Callan	
2. //	Duns	Frostburg,	MQ. DATE MI	11 1 % 01	Carlend a	d. I wall

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

No.	5049		CERTIFIC	ATE	OF DEATH	4			U	503	38
PLACE OF DEA O. COUNTY	Allegany		MARYLAND	1 0	SUAL RESIDENCE (V. STATE Mary 1	Where deceased a nd	lived. If instituti b. COUNTY	Alle	ge befo	re admiss Y	ian)
b. CITY OR TO	WN (If outside corporote lim give negrest town) Westernpor	its, write	c. LENGTH OF STAY IN 18	C	. CITY OR TOWN (If	outside corpor	rote limits, write R	RURAL ond	give ne	arest town)
	IOSPITAL (If not in hospital,	give street o	oddress)		street Address	Front					IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Sarah		Middle Catherine	Mod	Lost	4. DATE OF DEATH	Mat/	nth	26	,	Yeor 19 61
5. SEX Female	6. COLOR OR RACE White	7. MARR	DIVORCED	B. DA	te of Birth 0. 18, 188		9. AGE (In years last birthday) 73 yrs.	Months Months	Days	Hours	R 24 HRS. Min.
during most a	JPATION (Give kind af work if warking life, even if retired XXXX	dane 10b.	XXXXXX	DUSTRY	11. BIRTHPLACE (Sto	te ar foreign co	iuntry)		S.	FWHATC	OUNTRY
13. FATHER'S NAM	Adam Whetze	1		14.	Matilida		1				
15. WAS DECEASE (Yes. no. or unknown)	DEVER IN U. S. ARMED FOI		SOCIAL SECURITY NO. 17	INFORM	Ira Whe	tzel	Add McCoc	ole, N	lary	land	
gave rise couse (a), st lying cause	, if any, which to immediate along the under last. (t)	c) Die	aly, Thy far or leter M on Tributing to DEATH E	elle	LILLS RELATED TO THE TER		Seleve CONDITION GIVE		PT 1(a)	PERFO	RMED?
OR CONTRIBL	NT WAS UNDERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUP	RED. (Ent	ter nature af injury i	n Port I ar Port	II af item 18.)			YES	NO 🔀
Hour of	INJURY Month, Day, Yes. m. 19	20d. It While at wark	Nat while	PLACE Offoctory,	PF INJURY (Hame, fa street, office bldg., e	erm, 20f. (City	or tawn)	(County)		(Stote
	Leover)	/	19 , and tha	t death	ATTENDING PHYS.	MED. DIRECTOR		$\frac{1}{5}$		stated	we) las l above b.DATE SIGNEE
REMOVAL (SE Burial	MAY 29, OTOR'S SIGNATURE		Philos Cenadoress Westernport	1.	25a. RE	We s			CV10	RE	e)
6	Doax		"os cernport,	Mary	land DATE	MAI 3 L	01	war.	a, / u	ALL PARTY OF THE P	

VR A1S (4) 1SM 9/S9



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessary, please exe-	cute, parificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral disctor, Page 4 should be		TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,	
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0	C	forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you	0	
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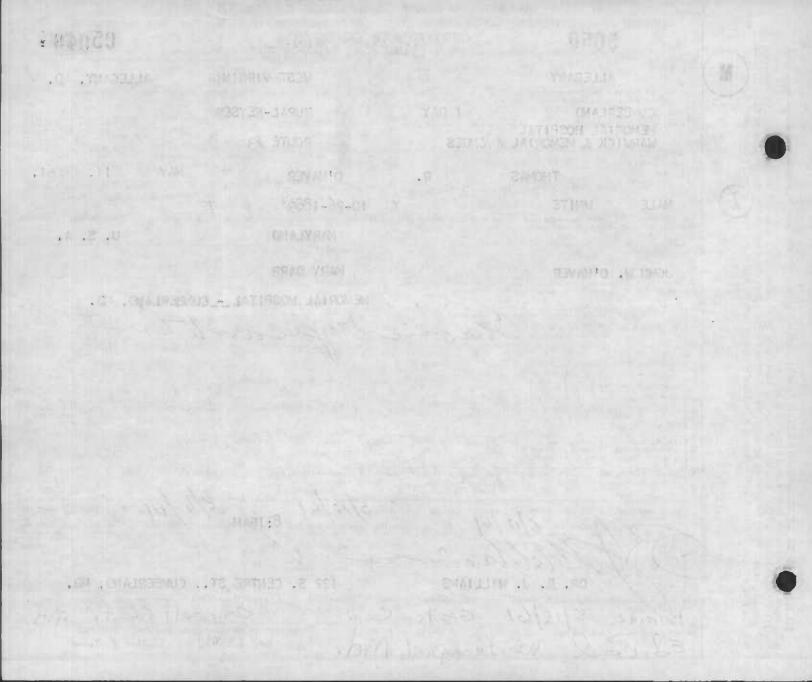
VS. A15ME(5) 5M 9/55

		MARYL	AND S	STATE DEPAR	TME					18		
		1049 MI	DICA	em 9 Film	EK 3	5/25/61	IE OF	DEA	IH	Reg. Dist.	No.UD	038
	COUNTY AT	legany		MARY	TAND	2. USUAL RESIDENCE (No. STATE Maryls			f Institut			nission)
b.	CITY OR TOWN	If outside corporate limits, writ	e RURAL	c. LENGTH OF STAY		c. CITY OR TOWN (III		porale limit	s. write			own)
	and give nearest tow	berland		DOA		Cumber						
		tal or institution (_	spitol, give street addres	18}	d. STREET ADDRESS 226 Ca	rroll	St.			ON	RESIDENCE A FARM
DI	AME OF ECEASED ype or print)	Fir Bernard	F.	Middle Myers		Lost	4. DATE OF DEATH	May	Month	17		Year 19 61
5. SE	X			ED NEVER MARRIED	8.	DATE OF SIRTH		9. AGE (In	years	IF UNDER TYE		
Me	ale	Negro	WIDOWE			Aug. 12.18	89	lost birthd	py)	Months Days	Hours	Min.
du	USUAL OCCUPAT ring most of work Janitor		done 10b. I	KIND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (Sloie Cumberland			71	U.S.A		COUNT
13. F	ATHER'S NAME					14. MOTHER'S MAIDEN						
	Jacob L.	Myers				Jenny Bell						
15. V (Yes, r	VAS DECEASED E	VER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT		-	Address			
	10				Mi	ss Clara Mye	rs	Cumber	clan	d. Mary	land	
1		ATH (Enter only one cau ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		for (o), (b), and (c).] CORONARY	00	CLUSION					SUDDE	
1	Conditions, if gove rise to imme (o), staling the couse last.	underlying DUE TO		CORONA	RY	SCLEROSIS	13.5					
CERTIFICATION) (c)		ONTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TERM	INALDISEAS	E CONDITIO	ON GIVE	N IN PART 1(o		AUTOPSY ORMED? NO
	Og. EXTERNAL CAPRIMARY or CO	USE WAS DITRIBUTING []	b. DESCRIBE	E HOW INJURY OCCUR	RED. (En	ter nature of injury in Port	1 or Port II	of item 18.)				
MEDICAL	Hour o.m.		While		e. PLAC foctor	E OF INJURY (Home, form ry, street, office bidg., etc.	20f. (City	or town)	311	(County)		(State)
		hat I took charge d from: Notural Bluedick				e, held an Autops ide, Homicide 	AMINER	nspection ndetermi	700	Inquiry susse		find th
_!	NAME (Type)	Benedict S				DEPUTY MEDICAL	EXAMINER [Ma:	y 17	, 1961		
_	BURIAL, CREMATIC REMOVAL (Specify Irial	May 19.1		22c. NAME OF CEMETE Rose Hill		tery		TION (City, erlan		county)	(510)	le)
_	MERAL DIRECTO	R'S SIGNATURE		ADDRESS			D BY REGIST	RAR 24b	. REGIST	IRAR'S SIGNAT		

MARYLAND STATE DEPARTMENT OF HEALTH

24-2-2	THE PROPERTY OF THE PARTY OF THE PARTY.	
DIVISION OF STATISTICAL RES	EARCH AND RECORDS, 301 W. PRESTON STREET, BA	LTIMORE 1, MARYLAND
5050	CERTIFICATE OF DEATH Item 8 Film G288 5/26/61 mb	05048
LACE OF DEATH	1 2 HIGHAT, PESIDENCE (Where decease	ad lived If institution, Pasidance before a

<i>&</i>	000	Item 8 Fil	m G288 5/26/61	mh		0003411
1. PLACE OF DEATH	I	ANDIN VILL	2. USUAL RESID		lived, If institution:	Residence before edmission)
	LLEGANY	MARY	e. STATE WES	T VIRGINIA	b. COUNTY ALLE	GANY, MD.
b. CITY OR TOWN (I	if outside corporate limits,	c. LENGTH OF STA	Y IN 16 CITY OR TOW	/N (If outside corporete !	imits, write RURAL en	d give neerest town)
CUMBER		I DAY	RUR	AL-KEYSER		
1.4	AL HOSPITAL	of in hospitel, give street addr		ESS	\$5 X	IS RESIDENCE ON A FARM? YES \ NO \ \
. NAME OF	First	Middle	Last	4. DATE	Month	Dev Yeer
(Type or print)	THOMAS	R.	O*HAVER	OF DEATH	MAY	11, 1961.
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIE	D 8. DATE OF BIRTH		(In yeers IF UNDER 1	
MALE	WHITE	VIDOWED DIVORCE	X 10-26-1889	72	yrs. Months	Deys Hours Min.
Da. USUAL OCCUPAT	ION (Give kind of work	106. KIND OF BUSINESS OF	INDUSTRY 11. BIRTHPLACE (C	ounty & State, or foreig	n country) 12. CIT	IZEN OF WHAT COUNTRY
some during most of wo	rking life, even if retired)		MARYLA	ND		U. S. A.
3. FATHER'S NAME			14. MOTHER'S MAIL	DEN NAME		
IOLIN A.I	OTHANED		MARY DA	DD		
15. WAS DECEASED EV	O HAVER ER IN U.S. ARMED FORCE			717	Address	
(Yes, no, or unkown) (I	fyes give wer or detes of serv	ice)	MEMORIAL H	OSPITAL - CI	UMBERLAND,	MD
18. CAUSE OF D	EATH [Enter only one ca	use per line for (a), (b), and (DOI TIME - CI	JULICA NO,	MD.
PART I. DEAT	H WAS CAUSED BY:	1	· Man	-1 3	1. 1.	ONSET AND DEATH
1195	IMMEDIATE CAUSE (a)	meou	c/ouge	ewer		
7.4.2	DUE TO		//			
Conditions, if eny	100		V			
(e), stating the u	PULL TO		-			
cause lest.) (c)					
PART II. OTHER	SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TE	RMINAL DISEASE COND	TION GIVEN IN PART	1 (a) 19. WAS AUTOPSY PERFORMED?
3						YES NO
OR CONTRIBUTING	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY	OCCURED. (Enter nature of injury	in Pert I or Pert II of ite	m 18.)	
2Dc. TIME OF INJU	RY Month, Dey, Year	2Dd. INJURY OCCURRED	2De. PLACE OF INJURY (Home,		wn) (Cou	inty) (State)
Hour e.m.	10	While Not While et work at work	fectory, street, office bldg.,	etc.)	1 1	
	19		5/10/11	10 1 6/	11/1/1/10	0 (0) (->-1
	1	attended the decease	/ / /	8. ISAM	/ /	, that (I) (we) las
1	ged alive on6.	e. f. 4e.f 19	nd that death occured a	I.Y.AUVJI Thom the	causes and on	the date stated above 22b. DATE
22e. SIGNATURE	MAL	Carin	ATTENDING PHYS.		AFF YS.	SIGNED
22c PHYSICIAN'S NAME (Type)	1000	000-	22d. ADDRESS			
(1) be)	DR. R. J.	WILLIAMS	122 S.	CENTRE ST.	, CUMBERLA	ND, MD.
30. BURIAL CREMATI	ON, 236. DATE THEREO	F 23c. NAME OF C	METERY OR CREMATORY		(City, town or count	
REMOVAL (Specify)	5/15/6	1 Gaster	. Cem.	GARR	ett Com	nty md
4 FUNERAL-DIRECTOR	1.014	ADDRESS	1	REC'D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE
500))	1 - 1	m	MAY 1 9 '61		S. Krows
-G+. 1)C	DRX VVe	ste-NOORI	DATE			



TO HOS!

LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. The funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	DIVISION OF STATISTICAL RESEAR	CERTIFICATE	OF DEATH	STREET, BAL	TIMORE 1, N	ARYLA	ND 5044
	1. PLACE OF DEATH a. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDEN a. STATE MARYLAND		d lived, If Institution	n: Residence	
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town) CUMBERLAND	c. LENGTH OF STAY IN 16		If outsida corporata I	imits, write RURAL		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, give street address)	d. STREET ADDRESS 213 SCHL		1		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) DORA	Middle A	PARSONS PARSONS	4. DATE OF DEATH	MAY	Dey 2	19 61
	5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIE WIDOWI	DIVORCED _	JUNE 15, 18	83 7	Months yrs.	Days	Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, wen if retired) 13. FATHER'S NAME	Home.	FROSTBUR	G, MD.	n country) 12.	U.S.A	◆
1	JOHN ASPINALL		MARIE KA				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ac, or unkown) (Ifyesgivewerordeles of service) 18. CAUSE OF DEATH [Enter only one causa per PART I. DEATH WAS CAUSED 87: IMMEDIATE CAUSE (e) Conditions, if eny, which gave rise to immediate cause (a), stating tha underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS COI OR CONTRIBUTING CAUSE OF DEATH (C) 2Da. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	line for (a), (b), and (c).]	MEMORIAL L avi			INTE ONS	RVAL BETWEEN SET AND DEATH 3 Clarys Llars
		ded the deceased from	D. PHYS. 22d. ADDRESS	19. (, to)	-J. Z.,	n the dat	3/6/
-	238. BURIAL, CREMATION, 236. DATE THEREOF May 5, 1961 24 FUNERAL DIRECTOR'S SIGNATURE	Frestburg Mandaless Address Address Address	morial Bu.Pa	23d. LOCATION Fro6	City, town or co	unty)	

MARYLAND STATE DEPARTMENT OF HEALTH

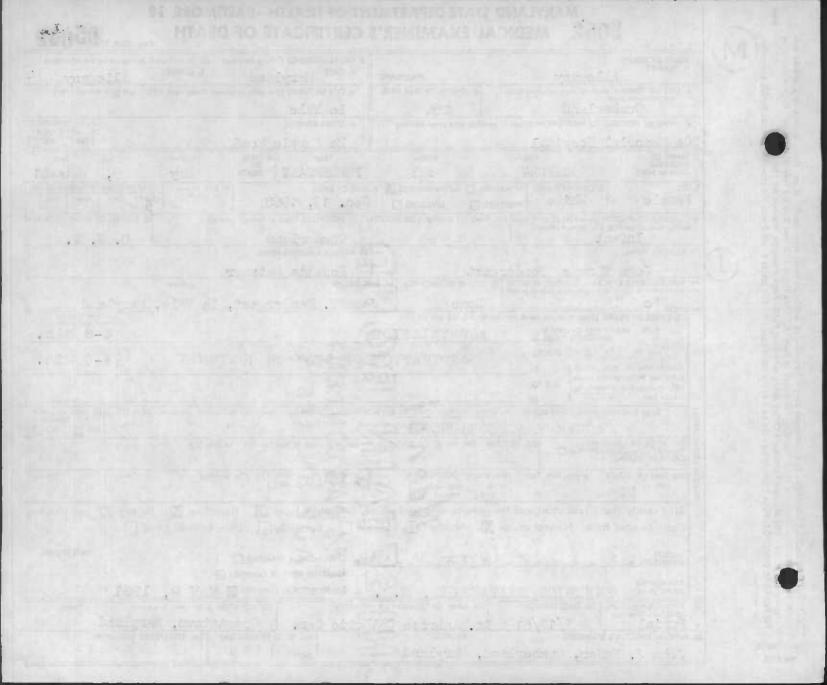
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PUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe	ifficate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 👛 start. Page 4 shauld by		VERAL DIRECTOR; Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrat priar to burial, cremation
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ny d	nerd	andes to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your	gistr
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VS. A1SME(S) SM 9/S5 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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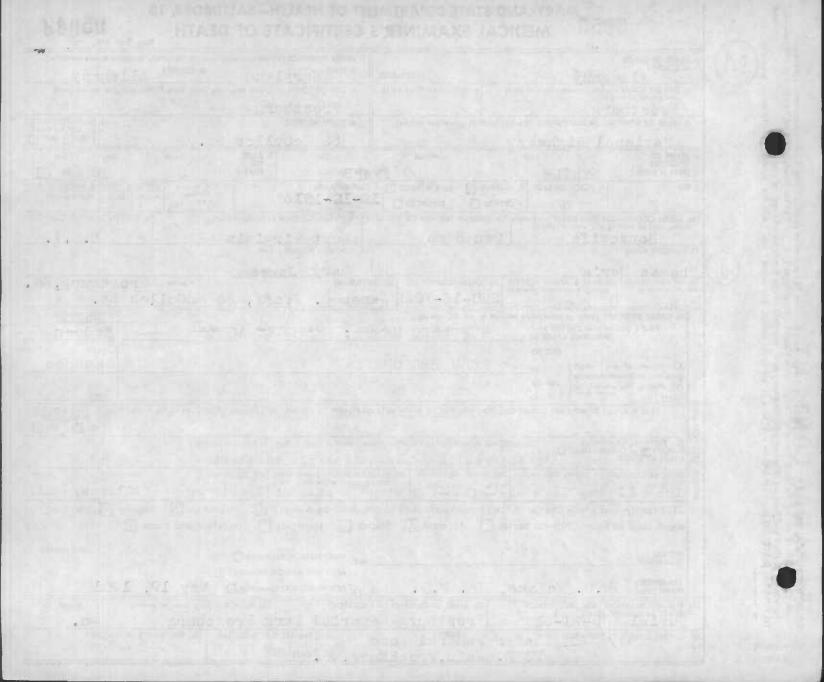
1. PLACE OF DEATH o. COUNTY Allegany MARYLAND					AND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany						
	b. CITY OR TOWN (If outside corporate firmts, write RURAL ond give nearest town)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
-	Cumberland DOA					La Vale					10 protochios	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)					d. STREET ADDRESS					o. IS RESIDENCE ON A FARM?	
-	OA Memoria	l Hospital				Mc Kenzi					YES NO	
3.	NAME OF DECEASED (Type or print)	SANDR		Middle KAY		PENDERGAST	4. DATE OF DEATH		onth Y	Day	Year 19 61	
	sex Female	6. COLOR OR RACE White	7. MARRIE	_	-	DATE OF BIRTH	60	9. AGE (In year lost birthday)		1YEAR Days	IF UNDER 24 HRS. Hours Min.	
100	. USUAL OCCUPATIO	N (Give kind of work		IND OF BUSINESS OR II	-)					ZEN OI	F WHAT COUNTRY?	
	during most of working Infa					Cumberla			7	r d	۸	
13	FATHER'S NAME	110				4. MOTHER'S MAIDEN				0 0	• 60	
Y		TTI ama a Day		andr.		Dogotto	M-+					
15			nderga	SOCIAL SECURITY NO.	17. INF	Rosetta	Me czne	Add	ress			
[Ye	s, no, or unknown)	[If yes, give war or dates of			-	-l (II - I)		T - 77-	7 - 1/2	7		
=	NO I	H [Enter only one cau	ua par lina i	None	1	ohn T. Pend	ergasi	1.9. V8	le, Mar	W	VAL BETWEEN	
		H WAS CAUSED BY			ICOL					4-6 Min		
	3/1	IMMEDIATE CAUSE (6)		ASPHYXIAT.	LOIM					7-	O MITII	
	1000	DUE TO		ASPIRAT	ION	OF STOMA	CH CO	NTENTS		4-	-6 Min.	
	Conditions, if an	iote cause								-		
	(o), stoting the u											
-	couse lost.	(c)		NITRIBUTING TO DEATH	BHT NO	T BELATED TO THE TER	A 3 21 O LALALLA	SE CONDITION	CIVEN IN PAR	. 1/avla	WAS ALITORSY	
CATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? ACUTE TRACHEOBRONCHITIS YES NO											
CERTIFICATION	20g. EXTERNAL CAU PRIMARY ☐ or CON CAUSE OF DEATH.	SE WAS	b. DESCRIBE	HOW INJURY OCCUR	RED. (Ent	er noture of injury in Po	ort I or Port I	I of item 1B.)				
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yes	20d. I White of wo	Not while	e. PLACE factory	OF INJURY (Home, for r, street, office bldg., et	rm, 20f. (Ci	ty or town)	(Cou	inty)	(Stote)	
	21. I certify th	at I took charge	of the r	emoins described	obove	e, held on Autop	sy X,	Inspection [. Inquir	y X	, and find that	
	death resulted	from: Natural	couses 🛭	, Accident ,	Suici	de 🔲 , Hamicia	ie 🗍, L	Indetermine	d cause			
		1	1				100					
	ACTUAL SIGNATURE	enedic	ZSI	citareli		M.D. CHIEF MEDICAL	-				DATE SIGNED	
	EXAMINER'S NAME (Type)	BENEDICT	SKIT	ARELIC. M	.D.	DEPUTY MEDICAL			9, 196	1		
220	Burial, CREMATION REMOVAL (Specify)	- 1 - 1	61 S	22c. NAME OF CEMETER				ATION (City, lovesaptown		and	(Stote)	
23.	FUNERAL DIRECTOR			ADDRESS	Ja U		C'D BY REGIS		EGISTRAR'S SIC		RE	
	John J. H	afer, Cumb	erland	d, Maryland	-49	DATE	iAY 12	'61	Civilian S.	Kim	4	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

necessary, please exe-tor. Page 4 should be delay after 2, and EXAMINER: This

VS. A15ME(5) 5M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY Page a. STATE b. COUNTY is necessary, director. Pag-Allegany Maryland MARYLAND Legany b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Frostburg Frostburg(Rural#1 Gilmore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) For d. STREET ADDRESS Boa refained he State Hospital Miners NAME OF Middle 4. DATE Last Month death. If an nd 3 to the DECEASED OF the (Type or print) DEATH may be 2 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | B. DATE OF BIRTH Page 5 ma s 1 and 2 w 72 hours last birthday) Months Male WIDOWED ve Pages 1, 2, an DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Barton, pages LABORER PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Meschisk Preston Annie Crawford 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or detes of service) "in pencil in Item 18. Office along with for burial-transit permit. Mrs. William Preston, Gilmore. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] E PART I. DEATH WAS CAUSED BY: Infarction, Massive; old and IMMEDIATE CAUSE (e) ecute the certificate, writing the word "pending" in pending the to the Chief Medical Examiner's Office all grated agent prices as should be used as a should be used DUE TO recent Coronary Sclerosis with thrombosis Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), steting the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While al work et work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X Inquiry X death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for SIGNATURE EXAMINER'S NAME (Type) Address (Street, city, town, or county) DEP 22d. LOCATION (City, town, 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATI Old Coney Cemeterv Lonacening. 0 940

VS. AISME 5M 7/59

GEORGE EICHHORN

23. FUNERAL DIRECTOR

LONACONING, MD.

24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE DATEJUN 5 Irling S. France

e. IS RESIDENCE

YES NO

Year

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

2-3 Hrs.

PERFORMED? NO

(Stete)

and in my opinion

IF UNDER 24 HRS.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5055 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

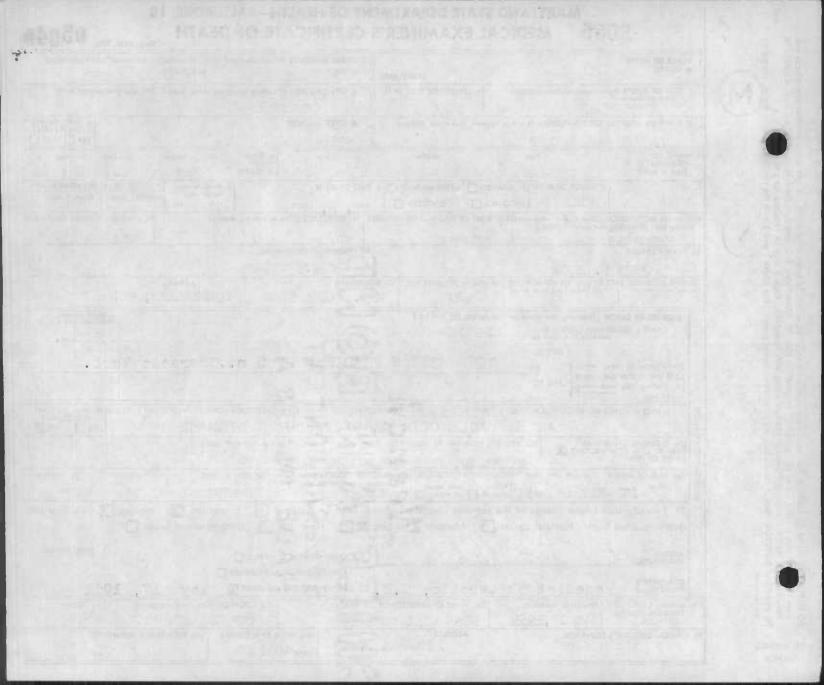
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Reg.	Dist.	No.	VU	U	3	₹

1.	PLACE OF DEATH a. COUNTY	ALLEGANY		MARYL	LAND	2. USUAL RES O. STATE	MARY		ed lived. If institution b. COUN		EGAI	fore admis	aion)
	b. CITY OR TOWN (IF a ond give neorest fown) CUMBER		RURAL	c. LENGTH OF STAY II	N 1b	03	TOWN (IF		porote limits, writ	e RURAL or	nd give n	earest tow	/n)
			If not in hor	pitol, give street oddress)	d. STREET						e, 15 RE	SIDENCE
	SACRED	HEART HOSE	TTAL			/318	BEDF	ORD SI	1.				NO X
3.	NAME OF DECEASED	Fir	at .	Middle		Last		4. DATE OF	Man	th	Day	Ye	ar
L	(Type ar print)	CHARLE	S	A		RICE		DEATH	May		17	19	61
5.	MALE	6. COLOR OR RACE WHITE	7. MARRI WIDOWE	D DIVORCED	-	DATE OF BIRTH	1881		9. AGE (In years lost birthday) 70 yrs.	Months	Days	Hours	R 24 HRS. Min.
10	O USUAL OCCUPATIO	N (Give kind of work	dane 10b. I	KIND OF BUSINESS OR II				or foreign c	ouniry)	12. CI	TIZEN O	F WHAT	COUNTRY?
	during most of warking MERCHAN'S			ROCERY		MD.				T	ISA		
1	3. FATHER'S NAME		1	in WCBb.I		14. MOTHER'S	MAIDEN N	AME		, ,	Zh-Z-53h		
	TOHN	N. RICE				OL	IVE W	AGNER					
1	. WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT	2. 1 3.2 11.		Addres	\$			
1	es. no, or unknown) NO	If yes, give war or dates of	service)	NONE	ME	RS. HAZI	EL RI	CE	CUMBERLA	AND, N	D.		
F	PART I. DEATH	H [Enter only one cau H WAS CAUSED BY:	Q	for (a), (b), and (c).]							ONSI	RVAL BETWEE	TH
	0030	MMEDIATE CAUSE (a)		110011							1-2	6 Hrs	3-
	Canditians, if an gave rise to immedi (a), stating the uncause last.	y, which (b)		OMPRESSIO	N F	RACTUR	RE OF	2 m	d.Thora	cic	Ver	t.	36 Hrs
2	PART II, OTHI	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	BUTN	OT RELATED TO	THE TERM	INAL DISEAS	E CONDITION G	IVEN IN PA	RT 1(a) 1	9. WAS A	UTOPSY
14.		ART	ERIC	SCLEROTIC	CA	RDIOVA	SCUI	LAR D	ISEASE			YES 🗍	NO X
CEPTIFICATION		TRIBUTING 🛴	STUM		AND	STRUCK	BACK						
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yes	or 20d. While	Not while	e. PLAC	E OF INJURY (I y, street, office	Hame, farm bldg., etc.	20f. (City	or town)	(Co	ounty)		(State)
AF	Hour p. m.	MAY 16 190		ark at work	HO	NE	97	CUM	BERLAND	ALLE	GANY	MARY	YLAND
	21. I certify the	ot I took charge	of the	remoins described	obov	e, held on	Autops	y 🔲 , li	rspection 🛚	, Inqui	iry 🔯	ond f	ind that
	death resulted	from: Natural	causes [Accident K.	Suic	ide 🔲 , H	lomicide	, U	ndetermined	couse [].		
	ACTUAL SIGNATURE	Benedic	t Sk	itarelia	31	.M.D.		CAMINER	p			DATE SI	GNED
	EXAMINER'S NAME (Type)	Benedict	Skit	arelic, M	.D.			EXAMINER [17,	19	61	
2	Removal (Specify) BURLAL		1961	ROSE HILL					TION (City, town) IBERLAND			(Stote)
23	BYRC			ADDRESS CUMBER			240. REC'	D BY REGIST	RAR 24b. REG	SISTRAR'S SI			

VS. A15ME(5) 5M 9/55

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TO DEPUTY AREDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the wificate, writing the ward "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrate prior to burial, cremation, ar removal.



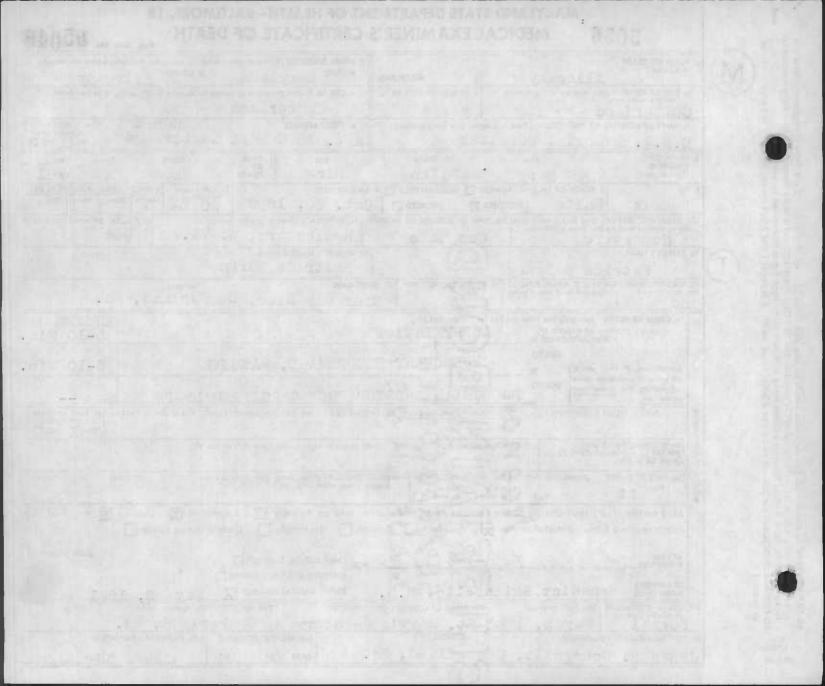
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DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please exe	tificate, writing the ward "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral factor. Page 4 should be	orwarded to the Chief Medical Examiner's Office alang with form PM3. Page 5 may be retained for your	FUNERAL DIRECTOR: Page 3 shauld be used as a buriol-transit permit. File pages 1 and 2 with the registrar priar to burial, cremation,

VS. A1SME(5)

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

	00.	, ()			APIX 3	CERTIFIC			DEATH	Reg. Di	st. No	UU	A SE
1.	PLACE OF DEATH					2. USUAL RESIDER	NCE (V	Where deceas	ed lived. If institu	ition: Reside	nce bef	ore odmi	ssion)
	o. COUNTY	Allegany		MA	RYLAND	o. STATE Mai	ry	land	b. COUNT	All	ega	ny	
	b. CITY OR TOWN (If a	outside corporate limits, write	RURAL	c. LENGTH OF ST	AY IN 1b	c. CITY OR TO	WN (II	f cutside corp	porote limits, write				wn)
1	Cumberlar	7		vears		Cun	ibe	rland					
	d. NAME OF HOSPITA		f not in he	spital, give street odd	lress)	d. STREET ADDI	RESS		Ho	mes		e. IS RI	ESIDENCE
		emorial H	ospi	tal		Apt. 12	3 C	Fort	Cumber	Jand			A FARM?
3.	NAME OF DECEASED	Fin	it	Middle		Lost		4. DATE	Montl	h	Day		ear
	(Type or print)	Mar	M	Ellen		Rice		DEATH	May	r	2	1	961
S.	SEX	0.00 A .	7. MARR	IED NEVER MARI	_	DATE OF BIRTH	-	000	9. AGE (In years lost birthday)	Months	1 YEAR	Houns	Min.
	Female	White	WIDOW	ED 🔀 DIVORCE	D	oct. 30,	, 1	.880	80 yrs.	I I I	Doys	110018	744101.
10	during most of working	life, even if retired)	done 10b.	Own Home		Rowles			ountry)	80.00	SA SA	WHAT	COUNTRY
13	HOUSEW.	TIE		Own Home		14. MOTHER'S MAI		97					
JI.,		ials Malon	770			Beatri			ce				
1/15	. WAS DECEASED EVE	ick Malon		. SOCIAL SECURITY N	O 17 IN	FORMANT		25002	Address				
(Ye		(If yes, give war or dates of		. SOCIAL SECOKITI N		iss Gay	Ri	ce,	Cumberl	and,	Md.		
	18. CAUSE OF DEAT	H [Enler only one cau	se per line	for (o), (b), and (c).								VAL BETWE	
	PART I. DEATH	H WAS CAUSED BY		ASPHYXIA	TION							-10	Min
	4-62	DUE TO											
	Conditions, if on	y, which (b)		PULMONA	RY H	EMORRHAG	E,	MASS	IVE		5	-10	Min
	gove rise to immedi (o), stoting the u							15,000					
	couse lost.	(c)	BRO	NCHIAL E	ROSI	ON FROM	CA:	LCIFI	ED LYMP	H NO	DE	00	000
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE	TERM	INALDISEAS	E CONDITION GIV	EN IN PART	1(0) 1		AUTOPSY RMED?
18											,	YES T	NO [
CERTIFICATION	200. EXTERNAL CAUPRIMARY ☐ or CONCAUSE OF DEATH.	SE WAS TRIBUTING []	b. DESCRI	BE HOW INJURY OCC	URRED. (E	ter nature of injury	in Por	t I or Port II	of item 18.)				
	20. TIME OF INJUR	Y Month, Day, Yea	r 20d	INJURY OCCURRED	20e. PLAC	F OF INTERY (Home	e form	20f (City	or town)	(Cou	intel		(Stote)
MEDICAL	Hour o. m.		Whi	le Not while		ry, street, office bld			or rowing	1000	,,		(31010)
×	p. m.	19		rork ot work		1 11 4							
		at I took charge		_	_	_			spection X,		y M	, and	find the
	deoth resulted	from: Natural	couses	Accident [_, Suic	ide [_], Hom	ricide	e [], Ui	ndetermined o	ause			
	ACTUAL /	2 ,'	1	Pil	, ,							DATE S	IGNED
	SIGNATURE	reside	12	Etarel	uc!	M.D. CHIEF MEDI		_					
	EXAMINER'S D	amadiah i	77					AL EXAMINE					
-		enedict :					DICAL	EXAMINER [A Way	2,	196	1	
220	REMOVAL (Specify)	1		22c. NAME OF CEM					TION (City, town,	25.0		(Store	8)
22	Burial	May 5,	196	ADDRESS	ryis	Cemetery		D BY REGIST	ber Lanc			E	
1.	FUNERAL DIRECTOR'S		0.		CRE F					STRAR'S SIG			
0	ames F.	Scarpelli	ال و	umberranc	ly IVIQ	• DA	TE H	AY 4	61 0	Inthur &	The	el.	



TO HOS IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

death. A may be retained by the hospital or attending physician. Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. Red in by the funeral director, page 3 should be detached for use as the burial-transit permit. They please remove carbon papers. Pages 1 and 2-though director, page 3 should be detached for use as the burial, cremation, or removal and any event, within 72 hours after deafn.	
15M 9/60	8

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

(15)47

1. PLACE OF DEAT	Н						ICE (Where de			dence before edmission
411	EGANY		MAI	RYLAND	e. STATE	MARY	LAND	b. COUN	ALLE	GANY
b. CITY OR TOWN	(if outside corporete limited give neerest town)	its,	c. LENGTH OF S	STAY IN 16	CITY	OR TOWN	(If outside corp	orate limits, write	RURAL end gi	ve neerest town)
CUMBERL			13 DAY	S	07	CUME	BERLAND			
d. MEMORIA	THE HOSPITAL	if not in hosp	pitel, give street ec	dress)	STREE	TADDRESS				e. IS RESIDENCE
WARWICK	& MEMORIAL	L AVEN	UES					IA AVENU		YES NO X
3. NAME OF DECEASED	First		Middle		Last		4. DATE OF	Month	D	ey Yeer
(Type or print)	JE SS			len	ROBINE	TTE	DEATH	MAY	1	9, 1961
5. SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MAR	RIED 8	. DATE OF BIR	RTH	9.	. AGE (In yeers lest birthday)		
FEMALE	WHITE	WIDOWE	DIVOR	CED 🗌	MAY 26	, 190	19	51 yrs.	Months Dey	s Hours Min.
	TION (Give kind of world		ND OF BUSINESS	OR INDUSTR			nty & Stete, or	loreign country)	12. CITIZEN	OF WHAT COUNTRY
Clerk	orking life, even if retire		lanese	Corn.	MA	RYLAN	D		UL S	. Δ.
13. FATHER'S NAME		00	2011000	ourp.	14. MOTHER				02 3	- 74 0
JOHN RAY					AGNE	S TRU	F			
	FR IN U.S. ARMED FOR	RCES? 16.	SOCIAL SECURITY	NO. 17. 1			-	Address		
(Yes, no, or unkown) {	If yes give wer or dates of s						COLTA	010105	21 4410	
NO.	DEATH [Enter only one		(-) (h)	4.7-1.1	MEMOR I	AL HU	SPITAL	- CUMBER	KLANU,	INTERVAL BETWEEN
	TH WAS CAUSED BY:	couse per il	1				MR.			ONSET AND DEATH
	IMMEDIATE CAUSE (a)	116	eta Mice	2 Cla	e cem		WA	unt		19
11/0 X	DUE TO						1			,
Conditions, if an	(10)									
geve rise to immed	DUE TO									
ceuse lest.) (c)									
PART II. OTHE	R SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DE	ATH BUT NO	T RELATED TO	THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(e	19. WAS AUTOPSY
ATIC										YES NO
E 2De. ACCIDENT W	AS UNDERLYING	2Db. DES	CRIBE HOW INJUR	Y OCCURED	. (Enter neture	of injury in	Pert I or Pert I	of item 18.)		
O (IF EITHER, NOTIFY	MEDICAL EXAMINER)									
ZDc. TIME OF INJU	URY Month, Dey, Ye		NJURY OCCURRE		CE OF INJURY			y or town)	(County)	(State)
Hour a.m.	19	While et worl]	0,7, 0,100,, 0,111		.,			
	that (I) (this hospi	ial) attend	led the decea	sed from	low	2	1960 10	may	196	that (I) (we) la
	sed alive on									
22e. SIGNATURE	2 . 1	0	77	end mai	depili occi	u, 50 610.	- L. JATITON	1 1110 CGU363	ond on me	2/2b. DA/E
ZZe. SIGNATORE	Alda.	1111	a fth	\	ATTEND	ING	MED.	STAFF PHYS.		5/3- 8 SNE
22 PRISICIAN'S	gulluce	xew	y posts) "	.D. PHTS.	DDRESS	DIKECTOK.			0/20/01
NAME (Type	DD C 0	WE DEAD	1111111111	DICIT			CINIA	VE	40ED1 445	. 140
	DR. G. O	VERION	HIMMELW		13			VE., CUN		
_REMOVAL (Specify	TION, 23b. DATE THE		23c. NAME OF					ATION (City, tov		
Burial	5/22/6	1	Sunset	Memo	rial I			mberla		
24 FUNERAL DIRECTO		Comb	ADDRESS	BE A		25e. RE	C'D BY REGIS	TRAR 25b. REG		
H. Wayr	ne George	Cumb	erland,	Ma.		DATE	AY 23 '61	. Ca	Uner & the	Aus

* 计图目图 AND THE TANK THE PROBLEMENTS AND THE PARTY A .1.2.11 Columbia Copy . SARYLAND 45.0001/15 HOSRIFAL - CLESSRIAMS, 10. DR. C. CVERGE HEALTH THE TRANSPORT OF THE AVE. CONTRACTOR OF THE THE PARTY OF THE PROPERTY OF THE PARTY OF TH The only in the same of the court of the cou

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea.	Dist.	No.

U5048

	50	58 .ME	DICA	LEXAMINE	R'S	CERTIFICA	IE OF	DEATH	Reg. Di	st. No		1504
NI.	PLACE OF DEATH					2. USUAL RESIDENCE	Where deceas	ed lived. If institu	tion: Reside	nce bef	ore adm	ission)
1	a. COUNTY	llegany		MARYL	AND	o. STATEMARYLE	and	b. COUNT	Y A	lle	gany	
1	b. CITY OR TOWN JIF	outside corporate limits, writ	RURAL	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (If autside corp	porate limits, write	RURAL and	give n	eorest to	iwn)
		umberland,		DOA		Cumberla	und,		02			
	d. NAME OF HOSPITA	AL OR INSTITUTION (If nat in hos	pital, give street address)		d. STREET ADDRESS			- 1			A FARM?
И.	I I	Memorial Ho	spita			323 Balti	more A	venue				NO X
3.	NAME OF	Fir		Middle		Last	4. DATE	Manth	1	Day	,	Year
	(Type or print)	WADE	KENNE'	rh		ROOT	OF DEATH	MAY		22.		19 61
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. 0	DATE OF BIRTH		9. AGE (In years	IFUNDER			DER 24 HRS
	Male	White	WIDOWED			Dec. 19, 1	908	last birthday) 52 yrs.	Months	Days	Hours	Min.
10	a. USUAL OCCUPATION	N (Give kind of work	done 10b. K	IND OF BUSINESS OR IN	NDUSTRY				12. CITI	ZEN O	F WHAT	COUNTRY
		g life, even if retired) od • Manager	S	chmidts Bake	erv	Thomas,	West V	Tirrinia	II	SA	1	
13	3. FATHER'S NAME					4. MOTHER'S MAIDEN		man E man man	1 0	- 4	_	
		WILLIAM RO	ОТ			REBECCA	SHAHAN	ī				
	S. WAS DECEASED EVE	ER IN U. S. ARMED FO	RCES? 16. 5	OCIAL SECURITY NO.	17. INF		MILLELLIA	Address				
Ex.	(es, no, or unknown)	Ill yes, give war or dates of		14-05-5086	Mr	s. W. K. Ro	ot. Cu	mberland	- Md-			
F		TH [Enler anily one can			0.00					INTER	VAL BETW	EEN
	PART I. DEAT	H WAS CAUSED BY		CORONAR	Y	OCCLUSION					UDD	
	4100	IMMEDIATE CAUSE (d)									0 .0 .0	-000 00 4
	Canditions, if a	DUE TO		CORON	IARY	SCLEROS	SIS				-	-
	gave rise to immed	liote couse								-		
	(o), stating the s	Inderlying DUE TO										
Z		IER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH	8UT NO	T RELATED TO THE TERM	AINAL DISE AS	E CONDITION GIV	EN IN PART	1(0) 1	9. WAS	AUTOPSY
ATIO											PERFO	NO NO
IFIC	200. EXTERNAL CAL	ISE WAS 20	b. DESCRIBE	HOW INJURY OCCURR	ED. (Ent	er noture of injury in Po	rt I or Port II	of item 18.)				
CERTIFICATION	PRIMARY OF CON	ATRIBUTING 🗖										
		Y Month, Day, Yee	or 20d. II	NJURY OCCURRED 20e	- PLACE	OF INJURY (Home, for	m, 20f. (City	ar town)	(Cau	inty)		(Stote)
MEDICAL	Haur a.m.	19	While		factory	, street, office bldg., et	c.)					
3				emains described	abayı	held an Autan	EV D	espection 🔽	Inquir	. च	and	final Aba
10				, Accident ,						-	, una	ima inc
	death resorted	1 National	Cooses [V	, Accident [],	30101	de [], Hamicia	e [], 0	ilderermined C	uose [_]	•		
	ACTUAL /	1'+	- 86	, 1,		CHIEF MEDICAL I	YAMINED 🗆				DATE	SIGNED
	SIGNATURE	snedict	SIR	darele		M.D. CHIEF MEDICAL						
	EXAMINER'S	dakkama(01-4 + -	malda N	D	DEPUTY MEDICAL		-	00	700	7	
20	NAME (Type)	Benedict		22c. NAME OF CEMETER	V OP C			TION (City, town,	22.	TAO	(Sto	tal
1	REMOYAL (Specify)									3	(210)	(-)
22	. FUNERAL DIRECTOR	May 25	1961	Hillcrest B	urla		D BY REGIST	perland,	STRAR'S SIG		PF .	
-	John J.		Cam	perland, Md								
	JOHN J.	, narer	Other	Jer Tana, Ina		DATE N	MAY 24'	01 (1	office 8	There	44.03	

VS. A15ME(5) 5M 9/55

HTARKED MADRITSO SHEWNERS CERTIFICANT OF DESCRIPTION ALPE GE with the constant of the const that the parties of the same and the same of the same

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 5059 Reg. Dist. No. I director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE MARYLAND laryland Hilecany 0374 erol b. CITY OR TOWN til outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL-and give nearest town) RURAL and give nearest town) should Cumberland umberland d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? arich YES NO [NAME OF First DATE Middle 4. lost Month Day Year DECEASED OF DEATH (Type or print) 196 nd completely on popers. Pog death. 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED 8 DATE DE BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months While DIVORCED T 3 yrs male WIDOWED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? doring most of working life even if retired) FATHER'S NAME 14 MOTHER'S MAIDEN NAME ove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH 1 PART I. DEATH WAS CAUSED 8Y: Metastatic carcinoma vear IMMEDIATE CAUSE (o) DUE TO px Ë Conditions, if ony, which (b) gned gove rise to immediate DUE TO 8 couse (o), stoting the underlying couse tost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN, IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) Hour o. m While Not while of work of work 5-15-61 4-10-61 21. I certify that I attended the deceased from. . 19 . that I lost sow the deceased and that death occurred at 3:15 PM, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, stote) DATE SIGNED DIRECT ACTUAL SIGNATURE 0 PHYSICIAN'S James T. Johnson Jr. M.D. NAME (Type) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

Peter & Paul Cemetery

Frederick St. Cumb. Md.

Cumberland. Maryland

DATE AY 1 8 '61

24b. REGISTRAR'S SIGNATURE

arthur S. Thaus

VS A15 (4) 15M 9/SS REMOVAK (Specify)

23. FUMERAL DIRECTOR'S SIGNATURE

death.

- San Lynni , Sc. Pradmill graduced from tweet the land, of year TEL Sales State of the Sales Sales

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 5060

05050

- 10								
1	D. PLACE OF DEATH		ALABYI AMB	2. USUAL RESIDENCE (W		. If institution: Reb. COUNTY	sidence before	odmission)
1	ALLI	EGANY	MARYLAND	MARYL	AND	AI	LEGANY	
1	b. CITY OR TOWN (If RURAL and give nea	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lis	mits, write RURAL	ond give neare	st town)
		BERLAND	55 days	CIMBE	RLAND			
1	d. NAME OF HOSPITA	L (If not in hospital, give stree	t address)	d. STREET ADDRESS			е.	IS RESIDENCE
	OR INSTITUTION	and the town		1 120 D	OND OFFICE	m		ON A FARM? YES NO THE
ų,		RED HEART			OND STREE			7
	3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Year
	(Type or print)	HARRY		SHARRETTE	DEATH	MAY	15	19 61
	5. SEX	6. COLOR OR RACE 7. MAI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years IF U t birthdoy) Mor		UNDER 24 HRS.
4	MATE	WHITE WIDOV	VED V DIVORCED	3-25-07	5		1ths Doys	Hours Min.
ď	10a. USUAL OCCUPATION	V (Give kind of work done 10b	KIND OF BUSINESS OR INDU		e or foreign country)	1:	2. CITIZEN OF V	VHAT COUNTRY?
/	during most of working	ng life, even if retired)					** **	
-	CITY OF CUI	MBERLAND	n an	MARYTA 14. MOTHER'S MAIDEN			U.S.	A.
1	13. PATHER S NAME	001) (// H	14. MOTHER 5 MAIDEN	INAME	0	1/	
	(DECE	ASED) John 1	marello	(DECE	ASED) ///	ery C.	How	earch
	IS. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	NFORMANT	-	Address		
1	Yez	WII -	214-05-8889	CHART		/		
F	18 CAUSE OF DEAT	H [Enter only one couse per	line for (a), (b), and (c), 1	OTALL			INTER	VAL BETWEEN
ı		H WAS CAUSED BY:	2010	Varia			ONSET	T AND DEATH
1	14010	IMMEDIATE CAUSE (o)	re pragas	- Tarces				
1	5.800	DUE TO	0.	0 , 1				
Į	Conditions, if on		er hoses	hepatic				
1	gave rise to im couse (o), stoting th			1				
1	lying couse lost.	(c)						
1	Z PART II. OTHE	- ''	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE CON	IDITION GIVEN IN	V PART 1(0) 19	WAS AUTOPSY
1	Z PART II. OTHE							PERFORMED?
			CORINE HOLL WHERE O COURS	FD 4F	D 4 1 - D 4 11 - 5	'a 10 i		153 140
1	20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY A	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRI	tD. (Enter noture of injury in	Port I or Port II or	item (b.)		
- 1		MEDICAL EXAMINER)						
ı	20c. TIME OF INJURY		1.	LACE OF INJURY (Home, for octory, street, office bldg., et		wn)	(County)	(Stote)
1	20c. TIME OF INJURY Hour o. m.	19 While	e Not while	octory, street, office blug., et	ic.)			
ı					5 1		20/ 1	
۱	21. I certify that	(I) (this haspital) after	ded the deceased fram.			2	19.6.1. tha	t (1) (we) last
1	saw the decease	ed alive on D	1961, and that	death accurred at 1	_M, from the	causes and a	n the date s	tated above.
1	220. SIGNATURE	1100		ATTENIDING	(ID) CT			22b. DATE
İ	Des.	the Beng ?	\$ '		MED. STA	YS.		5/17/6
1	22c. PHYSICIAN'S	0,26		22d. ADDRESS		^		1
	NAME (Type)	EO H. LE	YJR.	456 N	· Contr	edt.		
F	23a. BURIAL, CREMATION	23h DATE THEREOF	23c NAME OF CEMPTERY	OR CREMATORY		City town or	untul -	/C1-1-1
1	REWOVAL (Specify)	1/X///	23c NAME OF CEMPTERY	n dans Pl	236 LOCATION	City, town, or cou	My PA	(Stote)
-	princet	2/10/61	Juney 11	I was	dent	20.2	NO OK	
	24. FUNERAL DIRECTOR'S	61GNATURE	ADDRESS	25a. REC	D BY REGISTRAR	2Sb. REGISTRA	R'S SIGNATURE	
	Justin 1	flin Unc.	und. mo	DATE			2 12	

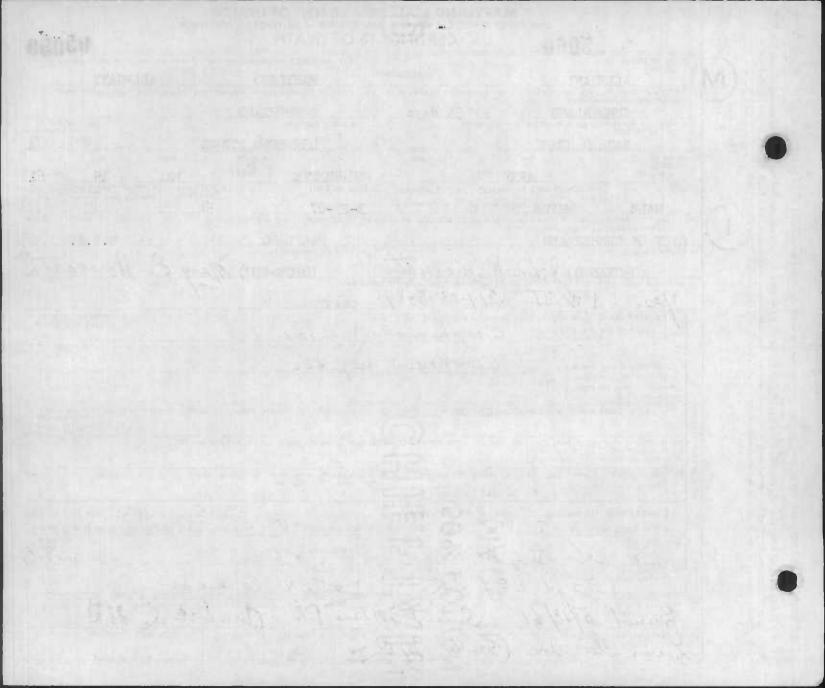
TO HOSPITATION OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 F may be and by the hospital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pages 1 of the Stote Board of Health prior to buriol, cremation, or remayal, and in any event, within 72 perms-after death.

VR A1S (4) 1SM 9/59

the funeral director, ond 2 shauld be filed with

ofter death. Page 4



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessary, please exe-	es 1, 2, and 3 to the funeral director. Page 4 should be	5 moy be retoined for your	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registration for to burial, cremation,	
ecuted within 24 h	tem 18. Give Pog	form PM3. Poge	sit permit. File po	
ate should be ex	g" in pencil in 1	iffice olong with	as o buriol-tron	
ER: This certific	e word "pendin	ol Exominer's O	should be used	
EDICAL EXAMIN	ficate, writing th	the Chief Medic	IRECTOR: Poge :	
TO DEPUTY MI	cute the	forwor	TO FUNERAL D	Or sometime

VS. A15ME(5) 5M 9/55

		5061 MI	EDIC	AL EXAMINE						Dist. No		505
	LACE OF DEATH . COUNTY AT.T	EGANY		MARYLA	O STATE	SIDENCE (sed lived. If Institu b. COUNT		dence bei	ore adm	nission)
ь		autside corparate limits, wri	10 RURAL	c. LENGTH OF STAY IN	16 c. CITY O		-	porote limits, write	RURAL or	nd give n	eorest to	own) ,
	CIMBERTAN			13 DAYS	F	TEDMO	NT			8	5	5-2
	. NAME OF HOSPITA			nospital, give street oddress)	d. STREET		LEMPSH.	TRE STREE	m			RESIDENCE A FARM?
3. 1	NAME OF		rst	Middle	lo		4. DATE	Month		Day		Year
	DECEASED Type or print)	DT	MCHE		SHERRE	TAT.	DEATH	5		23		19 61
. S	EX			RIED THEVER MARRIED				9. AGE In years	IFUNDE	R TYEAR		DER 24 HRS
773	EMAT.E	HITTE	WIDOW	VED DIVORCED	8/72/03			67 yrs.	Months	Days	Hours	Min.
Ča.	USUAL OCCUPATIO	N (Give kind of work	done 10b	. KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHP	LACE (Slote	or foreign o		12. CI	TIZEN O	F WHAT	COUNTR
	uring most of working Domestic	g life, even if retired)		Own Home		क्रास्ट्र	VIRGIN	TTA		II	S.A	
	FATHER'S NAME			V-11- 11-0-11-0	14. MOTHER'S			VIA			· U · II	
	TITTT TARE T	AT TOOST			4	NNA R	EYNOLI	19				
		R IN U. S. ARMED FO		6. SOCIAL SECURITY NO. 1	7. INFORMANT	TAINE II	THE INCLE	Address				
Yes.	no, or unknown)	If yes, give war or dates of	service)		CITADII			71001000				
		H [Fater only one co	use ner lin	ne for (o), (b), and (c).	CHART					INTER	VAL BETW	(EEN)
	PART I. DEAT	H WAS CAUSED BY:									T AND DE	
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	(o), sloting the u	nderlying DUE TO										
_	couse lost.	ER SIGNISICANIT CON	DITIONS	CONTRIBUTING TO DEATH B	LIT NIOT BELLIED TO	THE TERM	HALAL DICEAC	r contribution cut	FA . 40 . D.	DT 2/ 1/2	0 1444.5	ALITOREN
CATION	PARI II. OIR						INALDISEAS	E CONDITION GIV	EN IN PA		PERFO	DRMED?
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CERTIFI	200. EXTERNAL CAU	TRIBUTING T		IBE HOW INJURY OCCURREN								
- I	CAUSE OF DEATH.			in hall going				ath room				
MEDICA	Hour & m.		4 114/2	I. INJURY OCCURRED 20e.	PLACE OF INJURY factory, street, offic	Home, forn bldg., etc	.)		(Co	ounty)		(Stote)
ME	p. m.	May 9 18	51 0	work ot work	Home		Piec	lmont Mi	neral	LV	V. Va.	
	21. I certify th	ot I took chorge	e of the	remains described o	bove, held or	Autops	y 🗍 , I	nspection 7,	Inqui	ry T	ond	find the
	death resulted	from: Naturol	causes	X. Accident .	Suicide .	domicide	D. U.	ndetermined c		1.		
	1	,		7.	<u> </u>		-		-	-		
	ACTUAL	landing	-16	Tarelia!	M.D. CHIEF	MEDICAL EX	XAMINER [DATE :	SIGNED
	SIGNATURE	Carette.	- HI	mucenic.	M.D.		AL EXAMINE	R				
	EXAMINER'S	madiat Clai	+ 0 77 -	lio M D			EXAMINER		22 2	067		
220		nedict Ski		22c. NAME OF CEMETERY				TION (City, town, o	L country	AOT	104-124	la)
	REMOVAL (Specify)	5/26/61		*Philos	O. CREMOTORT			esternpor			(Stat	
23	Burial PRECTOR			ADDRESS		240 PEC	D BY REGIST			GNATUE		-
100.	EO 0 1-	2	W	esternport,	Md	0	WAY 25	10.1				
_(1./	WILL		an on tithot of	PIU.	DATE	1111 E U	0.	William .	S. The	und	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

EBROW MINING • •

the d 2 sath. papers 0 may be refain DIRECTOR: FUNERAL director, be filed VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. COUNTY b. COUNTY a STATE ALLEGANY MARYLAND ALLEGANY b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) CUMBERLAND CUMBERLAND 12 DAYS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) e. IS RESIDENCE d. STREET A49RESShiller ON A FARM? Hospital YES NO X 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH 1961 MAR Jane 6. COLOR OR RACE 7. MARRIED IF UNDER 24 HRS. 9. AGE (In yeers | IF UNDER 1 YEAR 8. DATE OF BIRTH NEVER MARRIED lest birthdey) Months Hours DIVORCED 762 TEMALE WHITE

1De. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) done during most of working life, even if retired) Own home UK.S.A. VTRGTNTA HOUSEWIFE 14. MOTHER'S MAIDEN NAME William Taylor Mary Sines 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unkown) | (Ifyes give wer or detes of service) CHART 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure with Cerebral Edema 20 hours DUE TO (b) Recent and Old Posterior Myocardial Infarction 2 weeks (2) geve rise to immediate cause DUE TO (e), stating the underlying (c) Arteriosclerotic (atherosclerotic) Cardiovascular dis Years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? Diabetes Mellitus; Obesity; Acute occlusion, right popliteal vessels NO 4 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that (I) (NOCCOUNT) attended the deceased from November, 1958 (May ... 27th, 1961, that (I) (MC) last 22b. DATE 22e. SIGNATURE SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS ALGONQUIN BLDG., CUMBERLAND, MD. DOERNER JR., MD. 23e. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY FUNERAL DIRECTOR'S SIGNATUR

arthur S. Thous

Anapy all reference brade alien francisco alterelaminara District Verific; Confity; weste occidator, right application; significant vectorial Service Boyeshar Strain (1 comments) ATT. OTHER PORTS . CAN IN PROPERTY . CO. LE. PRESSE GIAN. LEE.

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DEPLY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If ony delay is necessary, please exe-	cute the Prificote, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral actor. Page 4 shauld be	forwarded to the Chief Medicol Examiner's Office along with farm PM3. Page 5 may be retained far your) FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,
3		P	H
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Back.	5	5	Mar.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5063 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Tham 8 & Film 6287 5/24/61 july Reg. Dist. No. U.5053

1. 5	LACE OF DEATH	ALLEGANY		MARYI	AND		YLAND	b. COUN	M ALLI	EGANY	
ь	. CITY OR TOWN (I	Fautside corporale limits, write n)	RURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (II	f outside cor	porote limits, writ	e RURAL and	give nearest	town)
	CUMBER	RLAND		20 YEARS		CUMBERL	AND		mal.		
d	. NAME OF HOSPIT	TAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS			1		RESIDENCE
	805 MARY	AND AVE.				805 MARYLAI	ND AVE	1			□ NO IX
	NAME OF	Fin	si	Middle		Last	4. DATE OF	Mon	th	Day	Year
	Type or print)	CHAR	LES	W.	C	HORT	DEATH	MAY	18		19 61
5. S	EX			ED NEVER MARRIED		DATE OF BIRTH		9. AGE (In years lost birthday)	-		NDER 24 HRS.
I	MALE	WHITE	WIDOWE	DEX DIVORCED		May 25, 188	89	71 yrs.	Months D	lays Hour	Min.
100	USUAL OCCUPATI	ON (Give kind of work	done 10b. 1	CIND OF BUSINESS OR I	NDUSTI	Y 11. BIRTHPLACE (Stote	or foreign	country)	12. CITIZ	EN OF WHA	AT COUNTRY?
0	CARMAN	ng life, even if retired)		RAILROAD		W. VA				TISA	
13.	FATHER'S NAME			on Sode de cales plant or to W yle special		14. MOTHER'S MAIDEN	-				
	ΛΔT.	MES SHORT				ET.T	ZABETH	ADAMS			
	WAS DECEASED EN	ER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Addres	16		
Yes	YES	(If yes, give war at dates of	service)	UNKNOWN	ME	S. EDWARD CA	ALLIS_	MT. LAKE	PARK.	MD.	
H		TH [Enler only one cou	se per line		1 110	J. BUWAND O		PII . IIANP	rann,	INTERVAL BE	TWEEN
		TH WAS CAUSED BY:		CORON	ARV	occlusio	M			ONSET AND	DEN
	1100	IMMEDIATE CAUSE (a)		Ochon	4 34 5 14	0001001	221			902	10001
	7200			CO	RON	ARY SCLERO	STS				
	Conditions, if a	diote couse		00.	11 011	ALL DOUBLE					
	(o), stoling the										
7	couse lost.) (c)		ONTRIBUTING TO DEATH	A BUT N	OT RELATED TO THE TERM	UNAL DISEAS	SE CONDITION G	IVEN IN PART	1(0) 19 W	AS AUTOPSY
CERTIFICATION										YES [HOKWED?
	200. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH	NTRIBUTING	b. DESCRIB	E HOW INJURY OCCUR	RED. (E	nter noture of injury in Po	rt I or Port I	l of item 18.)			
MEDICAL	20c. TIME OF INJU Hour a.m. p. m.		1	INJURY OCCURRED 20 Pork of work		E OF INJURY (Home, formary, street, office bldg., etc.)		y or town)	(Cour	nty)	(Stote)
	21. I certify t	hat I taok charge	af the	remains described	aba	ve, held an Autap	sy 🔲, I	nspection 🛚	, Inquiry	🗶, an	d find that
	death resulted	fram: Natural	causes X	, Accident ,	Suid	ide 🔲, Hamicide	e 🔲 , U	Indetermined	cause .		
		1	Do	,							
-	ACTUAL	Denedict	-Sk	tarelia		M.D. CHIEF MEDICAL E	_	_		DAT	re signed
	EXAMINER'S NAME (Type)	Renedict S	iki ta	relic. M.	D.	DEPUTY MEDICAL		_	18. 1	961	
220	BURIAL, CREMATIC	ON, 22b. DATE THEREC		22c. NAME OF CEMETE		CREMATORY	22d. LOC/	ATION (City, town			itote)
	REMOVAL (Specify	MAY 23.1		ARLINGTON	NAT	CONAL CEM.	ART	INGTON.	VA.		
	FUNERAL DIRECTO			ADDRESS		24a. REC	D BY REGIS	TRAR 24b. REC	SISTRAR'S SIG		
	BY	RON KIGHT	CU	MBERLAND, M	D.	DATE	1AY 2 2	61	Irlhur S.	Thous	

VS. A15ME(5) 5M 9/55

22c. NAME OF CEMETERY OR CREMATORY

Mainh Frostburg Md

22b. DATE THEREOF

ed on FUNERAL 3 page he 0 VS A15 (4) 15M 9/5B

220. BURIAL CREMATION.

Burial

REMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE

Reg. Dist. No. llegany e. IS RESIDENCE ON A FARM? YES NO W Month Day Year 61 19 IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Haurs 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address INTERVAL BETWEEN ONSEL AND DEATH PERFORMED? (State) 1901, that I last saw the deceased DATE SIGNED

22d. LOCATION (City, town, a county)

24b. REGISTRAR'S SIGNATURE

arihun & Hraus

Eckhart

24g. REC'D BY REGISTRAR

DATE JUN 2

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ALLEGANY ALLEGANY ALLEGANY ALLEGANY ALLEGANY CHYOR TOWN (If obtained corporats limits, write RURAL and give nearest town) ALLEGANY CHYOR TOWN (If obtained corporats limits, write RURAL and give nearest town) ALLEGANY CHYOR TOWN (If obtained corporats limits, write RURAL and give nearest town) ALLEGANY CHYOR TOWN (If obtained corporats limits, write RURAL and give nearest town) ALLEGANY CHYOR TOWN (If obtained corporats limits, write RURAL and give nearest town) FROSTBURG CHYOR TOWN (If obtained stands) ASCRED HEART HOS TTAL FIRST BURG COLOR OR RACE 7, MARRIED NEVER MARRIED Y SLOAN ARY SLOAN ARY SLOAN BETH Lest SLOAN ARY SLOAN BETH LABO SLOAN AND THE SLOAN WIDDER TYPER I UNDER TYPER IN IN INTERNAL THE AND THE ARRIED WID AND AS STANDS AND THE ARRIED WID ARRIED WID AND THE		
5065 CERTIFICAT	TE OF DEATH	4 -
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Rasi	dence before admission)
	a. STATE b. COUNTY	CARTV
b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve naarest town)
	FROSTBURG	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	
CACOTO UTADO UOS TOAT	1 285 F MATH STEET	
	a comment of the comm	
DECEASED (Type of print)	OF	
MARY	SLUAIN 5	
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	1 . 1 . 1	
THE AT TO LITE TO WIDOWED DIVORCED	8-1/1-1990	/s Hours Min.
. USUAL OCCUPATION (Give kind of work 10h KIND OF BUSINESS OF INDUST	.000	N OF WHAT COUNTRY?
Power Tree of working lifa, aven il ratired)	The second company of the second control of	
	re MARYLAND U	.S.A.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
TAMPE CTOAM	MADCADET CARROTT	(D
	TAMPODALLAM	1
s, no, or unkown) (Ifyesgivewarordetesofsarvice)	E. Main St., Fros	tburg. Md.
110110	EXAM James Sloan, c/o Gunte	r Hotel
		HALEKAWE DELAACEIA
PART I. DEATH WAS CAUSED BY:	les Paulece	145 trent /
11700	+	100 2/0001
DUE TO	· la of /0/2 7 0	11
	crerotu Item Man.	alliber of the
DIFTO		
(6)	NOT BELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN BART 1/2	1 10 WAS ALITORSY
	ACT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HE	PERFORMED?
208. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter natura of injury in Pert I or Pert II of item 18.)	
	LACE OF INJURY (Home, ferm, 20f. (City or town) (County) etory, street, office bldg., etc.)	(Stete)

CERTIFICATION

MEDICAL

p.m. 21. I certify that (I) (this hospital) attended the deceased from.

saw the deceased alive on..

and that death occured at:7.

SIGNED

22c. PHYSICIAN'S NAME (Type)

22a. SIGNATURE

S.G. WEISMAN

22d. ADDRESS

GREENE STREET 23d. LOCATION (City, town or county)

PHYS.

(State)

REMOVAL (Specify)
Burial

23a. BURIAL, CREMATION, 23b. DATE THEREOF

23c, NAME OF CEMETERY OR CREMATORY

Frostburg
REC'D BY REGISTRAR 255. REGISTRAR'S SIGNATURE

VR A15 (4)

15M 9/60

Burial 5/27/61 St. Michaels Cometery Funeral director's signature Hafer Funeral st. Home Montecant Frostburg, Md.

DATE MAY 3 1 '61

MED. DIRECTOR

arthur S. Frank

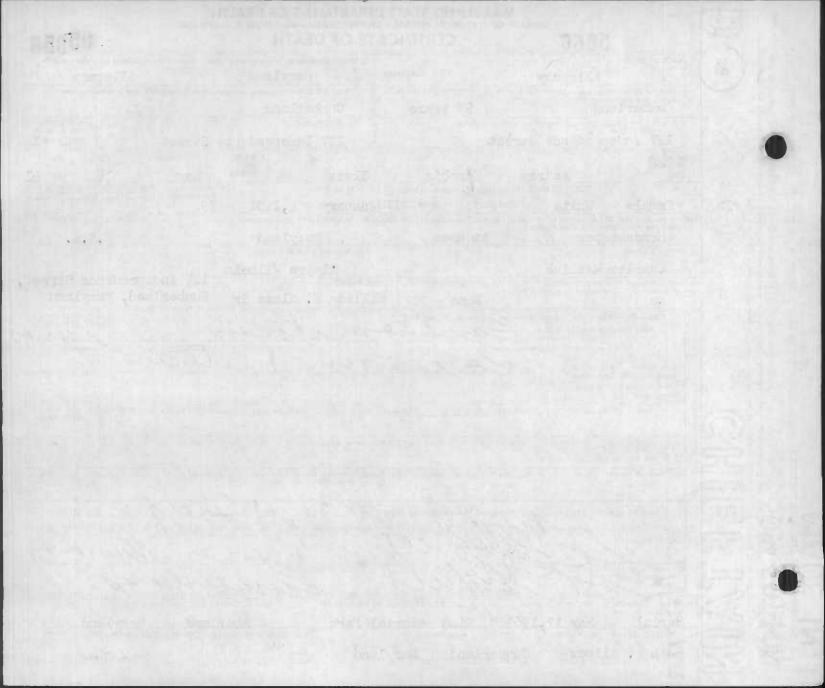
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	o. STATE Maryl	h COUNTY	ion: Residence before admission) Allegany
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits, write R	RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street or INSTITUTION 127 Independence Street		d. STREET ADDRESS	endence Street	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print)	Middle	Last	4. DATE Mon	Doy Year
	Audrey	Zenobia RRIED X NEVER MARRIED	Sluss 8. DATE OF BIRTH	9. AGE (In years	alleria. Valu
		WED DIVORCED		.902 lost birthdoy) 59 yrs.	Months Doys Hours Min.
)	100. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired) Housekeeper	b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote		12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	Charles Matlick		Almyra W	ilhelm	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1. (Yas, no. or unknown) (If yes, give war or dates of service)		NFORMANT Villiam C. Slu	- 01	dependence Street cland, Maryland
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (o), stoting the <u>under-</u> lying couse lost. (c)	ascin	ondy	arter	ONSET AND DEATH
	PART II. OTHER SIGNIFICANT CONDITION:	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	escri8e how injury occurri	ED. (Enter noture of injury in	Port I or Port II of item 18.)	
	Hour o.m. Whi	£.	ACE OF INJURY (Home, forn octory, street, office bldg., etc		(County) (State)
	21. I certify that (I) (this hospital) after saw the deceased plive of 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	1111 //	ATTENDING M	M, from the causes of PHYS. MED. STAFF PHYS. ME	196/., that (I) (we) last dan the date stated above. May 15 SIGNED
1	230. BURIAL, CREMATION, REMOVAL (Specify) Burial May 17.1961	Zion Memoria		23d LOCATION (City, town,	or county) (Stote) Maryland
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			ISTRAR'S SIGNATURE
1	Ruth E. Silcox Cumb	erland Marvl	and DATE	IAY 17'61 C	wilmy & Krays



PLACE OF DEATH							
a. COUNTY	700000		MARYLAND	2. USUAL RESIDENCE (WHO I STATE Mary		If institution: Residue. COUNTY	dence before admission) legany
b. CITY OR TOWN (If outs	legany	, write c. LENG	GTH OF STAY IN 16			nits, write RURAL or	
RURAL ond give neorest Frostbu		1	Hr.	Route	1. From	stburg,	
d. NAME OF HOSPITAL (III				d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
NAME OF	First	-	Middle	Last	4. DATE	Month	Day Year
(Type or print)	Pau		Leo	Smith	OF DEATH	May	7th, 19 61
	White	7. MARRIED 1	DIVORCED	Aug. 11th, 19	lost	(In years IF UND Month	DER 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
o. USUAL OCCUPATION (C	Give kind of work do		F BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (Stote			CITIZEN OF WHAT COUNTRY?
Self-Emplo	ife, even if retired)	Groce		Maryla	and		USA
. FATHER'S NAME				14. MOTHER'S MAIDEN I	NAME		
Lewis S	Smith			Rose Ann	Drumm		
. WAS DECEASED EVER IN es, no, or unknown) (If yes,	U. S. ARMED FORCE	vice)		INFORMANT		Address	
		213-0	05-7128	Mrs.Katherin	ne L.Smi	th.Rt.1	.Frostburg.
1010					0 0		
Conditions, if ony, or gove rise to imme couse (o), stating the unity of the couse lost.	DUE TO (c)	Cor	enoi	na Bli	edde	V	2 year
gove rise to imme couse (o), stating the ulying couse lost.	which diate DUE TO (c)_	ITIONS CONTRIBI	CUNGY UTING TO DEATH B	na Ble	edde	DIDITION GEVEN IN I	2 Yellicon 19. Was autopsy Performed? Yes No
gove rise to imme couse (o), stoting the ulying couse lost. PART II. OTHER S 20a. ACCIDENT WAS UN OR CONTRIBUTING CIFETHER, NOTIFY MED	which (b)_diate diate DUE TO (c)_IGNIFICANT COND			UT NOT RELATED TO THE TERM RED. (Enter noture of injury in			PERFORMED?
gove rise to imme couse (o), stoting the ulying couse lost. PART II. OTHER S 20a. ACCIDENT WAS UN OR CONTRIBUTING CIFETHER, NOTIFY MED	which (b)_diate DUE TO (c)_ IGNIFICANT COND NDERLYING 2 AUSE OF DEATH CAL EXAMINER)	20b. DESCRIBE HO	DW INJURY OCCUR DCCURRED 20e.		Port I or Port II of	item 18.)	YES NO
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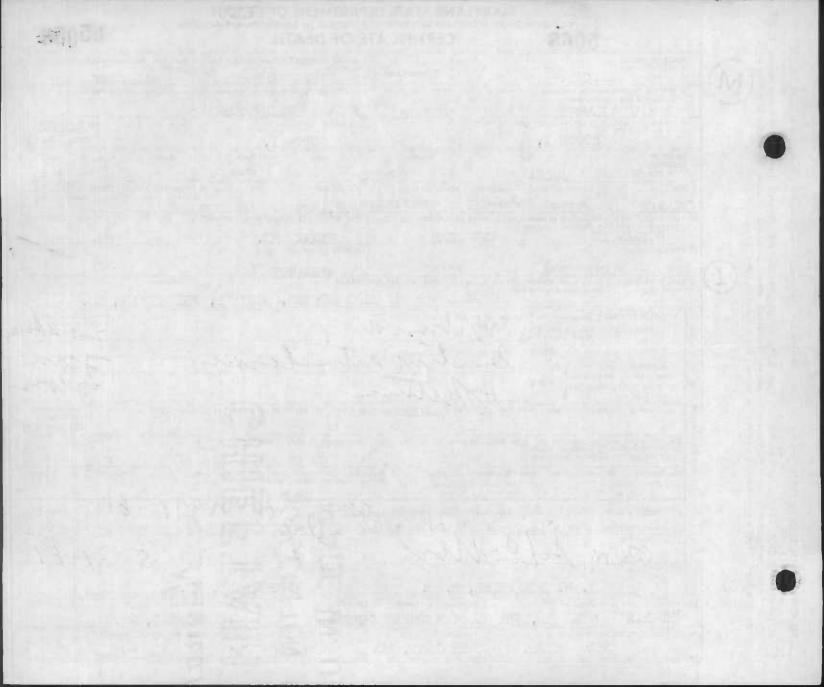
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

5068

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1. PLACE OF DEATH					SUAL RESIDENCE	(Where dec			an: Residenc	e befare	admissi	an)
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3. NAME OF DECEASED	Fi.	rst	Middle		Last	4. DA	TE ATH	Mon	th	Day		'ear
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S. SEX	6. COLOR OR RACE	7. MAR	RRIED A NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE	(In years birthday)	Manths	Days	Haurs	Min.
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13. FATHER'S NAME				14.	MOTHER'S MAID	EN NAME					71) X	
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	B. M. SCI	HINDL	ER, M. D.		C	UMBERI	AND	<u>VD</u>				
23a. BURIAL, CREMATIC	ON, 23b. DATE THERE	OF	23c. NAME OF CEMETERY	OR CRE	MATORY	23d. L0	OCATION (C	lity, tawn,	ar caunty)		(Stote	2)
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24. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	TITL	2So.	REC'D BY RE	GISTRAR	25b. REGI	STRAR'S SIG	SNATUR	E	
	BYRON KIGH	Γ	CUMBERLAND, M	D.	DATE	EUN 1	² 61	(1.11	Ing 8 to			
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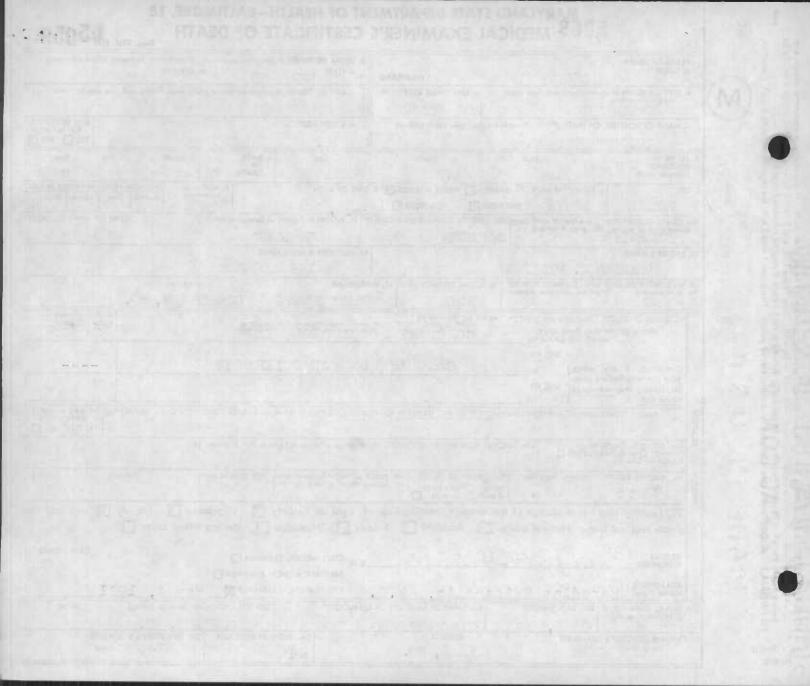
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5069 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 5059

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1.820 BEDFORD ST.		d. NAME OF HOSPITA	L OR INSTITUTION (If not in ho	spital, give street address)		d. STREET ADDRESS					e, IS R	ESIDENCE
DECLASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED 10. DATE OF BIRTH WILD OWNED 10. DATE OF BIRTH 100. USUAL OCCUPATION (Give kind of work does) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (stote or foreign country) MARYLAND WILD OWN HOME 113. FATHER'S NAME CHARLES C. WILLISON 115. WAS DECLASED EVER BY U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NONE FRANK SPOERL CUMBERLAND, MD. 116. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART II. DATH WAS CAUSED BY: MARPHARY OR OR OWNER AND O		1820 I	BEDFORD ST.				1820 BE	DFORD :	ST.				
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CHARLES C. WILLISON ALICE ROBINSON ALICE ROBINSON ALICE ROBINSON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? IN SOCIAL SECURITY NO. IN PROPERTY OF THE PR		HOUSEWIFE	C	OWI	N HOME		MARY	LAND			US	A	
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NO NONE FRANK SPOERL CUMBERLAND, MD.	15				SOCIAL SECURITY NO.	17. INI	ORMANT		Address				
18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: DATE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 179. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 179. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 179. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 179. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 179. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 179. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 179. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 179. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTED CONTRIBUTIONS CONTRIBUTED CONTRIBUTIONS CON	111		it yes, give war or dates or	service)	NONE	I	TRANK SPOER	L CI	IMBERT ANI	o. MD			
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20a. EXTERNAL CAUSE WAS PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year While Not while of work of twork of two two the death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . 22c. NAME (Type) Benedict Skitarelic, M.D. CHIEF MEDICAL EXAMINER May 4, 196] 22c. NAME (Type) Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER MAY 6, 1961 HILLCREST BURTAL, PARK CUMBERIAND, MD. 23c. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 124c. REC'D BY REGISTRAR 12			nourrying										
PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d, Injury OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 19 While Not while of work of	z			DITIONS C	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	VEN IN PA	RT I(a)	O WAS	ALITOPSY
20c. TIME OF INJURY Month, Day, Year 20d, NJURY OCCURRED While Not while of work of wo	ATIO											PERFO	RMED?
20c. TIME OF INJURY Month, Day, Year 20d, NJURY OCCURRED While Not while of work of wo	IFIC	20g. EXTERNAL CAUS	SE WAS 20	b. DESCRIB	E HOW INJURY OCCURR	ED. (Ent	er noture of injury in Pa	ort I or Port II	of item 18)			ra M	140
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) Be nedict Skitarelic , M.D. DEPUTY MEDICAL EXAMINER MAY 4, 1961 220. BURIAL CREMATION. 22b. DATE THEREOF PROVAL (Specify) BURIAL MAY 6, 1961 HILLICREST BURIAL PARK CUMBERLAND MD. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR SIGNATURE		PRIMARY OF CON	TRIBUTING										
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . ACTUAL SIGNATURE SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) Be nedict Skitarelic , M.D. DEPUTY MEDICAL EXAMINER MAY 4, 1961 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) BURIAL MAY 6, 1961 HILLICREST BURTAL PARK CUMBERLAND MD. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	S		Month, Day, Yea		NA .	PLACE	OF INJURY (Home, for	rm, 20f. (Cit)	or town)	(Co	ounty)		(Stote)
death resulted from: Natural causes	MED	W. 111.	19			roctor	y, street, office blog., et	(C.)					
death resulted from: Natural causes		21. I certify the	at I took charge	of the	remains described	abov	e, held an Autop	sy X, I	nspection 📆	, Inqui	ry 🔀	, and	find tha
ACTUAL SIGNATURE DATE SIGNATURE ASSISTANT MEDICAL EXAMINER May 4, 1961 220. BURIAL, CREMATION, 22b. DATE THEREOF PREMOVAL (Specify) BURIAL MAY 6, 1961 HILLCREST BURIAT, PARK CUMBERTAND, MD. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		death resulted	from: Natural	causes 1	, Accident ,	Suici	de , Homicid	le 🗍, U	ndetermined o	_	7.		
SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER May 4, 1961 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BURIAL MAY 6, 1961 HILLCREST BURTAT, PARK CUMBERT, AND, MD. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24c. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE					1 .			-			-		
ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER May 4, 1961 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BURIAL MAY 6, 1961 HILLCREST BURTAT, PARK CUMBERTAND, MD. 23. FUNERAL DIRECTOR'S SIGNATURE ASSISTANT MEDICAL EXAMINER May 4, 1961 CUMBERTAND, MD. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			enedia	4	6, toreles	1	CHIEF MEDICAL	EXAMINER [DATE S	IGNED
NAME (Type) Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER May 4, 1961		STATE OF THE STATE						CAL EXAMINE	R				
BURIAL MAY 6, 1961 HILLCREST BURTAL PARK CUMBERLAND, MD. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE		EXAMINER'S NAME (Type) B	enedict S	kita	relic. M.	D.	DEPUTY MEDICAL	L EXAMINER	May	4. 1	961		
BURIAL MAY 6, 1961 HILLCREST BURTAL PARK CUMBERLAND, MD. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	220	BURIAL, CREMATION	I. 22b. DATE THEREO	F	22c. NAME OF CEMETER	Y OR C	REMATORY	22d. LOCA	TION (City, town,	or county)		(Stote	e)
	L				HILLCREST B	IIRT A	I PARK	CUM	BERLAND.	MD.			
BYRON KIGHT CUMBERLAND, MD. DATE 8 61 Cirtur 2. Thous	23.			0.00									
		BYRON I	CLGHT	CUMBI	ERLAND, MD.		DATE	11 8 .0	Cist.	LUN D.	Mound		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

eq.	Dist.	No.	UE	0	6	1
-				17		<u> </u>

		LACE OF DEATH	TTTT		40 A B	YLAND	2. USUAL RESIDENCE (W		sed lived. If Institut b. COUNTY				ion)
1	b	. CITY OR TOWN (III o	ALLEGANY	DUDAL	c. LENGTH OF STAY		c. CITY OR TOWN (IF	LAND	narata limite weita	de product construction	De Contra Bellini		2)
	D	and give nearest town) CUMBET		BRUKAL	35 YEARS		CUMBERL		porore limins, write	NONAL ONG E	give not	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	'/
	d			If not in hos	pital, give street oddre		d. STREET ADDRESS					e. IS RES	IDENCE FARM?
		ROUTE 1	, VALLEY	ROAD			ROUTE 1,	VALL	EY ROAD			YES [
	3. P	NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE OF	Month		Day	Yes	ar
		Type or print)	GEO:	RGE	VERNON	STEE	LE	DEATH	MAY		11	19	61
Ε	5. S	EX	6. COLOR OR RACE	7. MARRIE	ED NEVER MARRIE	D B.	DATE OF BIRTH		9. AGE (In years feet birthday)	Months D	-		Min.
		MALE	WHITE	WIDOWE	D DIVORCED	D J	ULY 30, 1894		66 yrs.	Would	ays	nours	Min.
	10a.	uring most of working	life, even if retired)		CIND OF BUSINESS OR				country)	12. CITIZ		WHAT C	OUNTRY?
8	10	PAINT	ur.	HOU	USE PAINTIN	VG	VIRGINI			1 00.	17.		
	13.	FATHER'S NAME	THE COUNTY IN						חת				
	16	WAS DECEASED EVE	LES STEELE	PCECO III	SOCIAL SECURITY NO	127 101	CORMANT	RA WOO	Address				
		no, or unknown) (If yes, give wer or dates of		111-0-010	500		DATTI		CTA A TOT	MIT	,	
	- 1	NO			-17 US 238	M	ARY STEELE,	ROUTE	1 , CUMBE	CRLAND		AL BETWEE	
		1B. CAUSE OF DEATH	H [Enter only one car I WAS CAUSED BY:			000	TTIGTON				ONSET	AND DEAT	H
T,		IMMEDIATE CAUSE (o) CONTO IN ART I COO LIOS I ON											
		Conditions, if ony, which) (COR ONARY SCLEROSIS											
		Conditions, if on			CORONAR	X S	TEROSTS				-		
		(a), stating the u											
	_	couse last.) (c		DALITRICULTURE TO DEAL	TIV BUT NIC	T DELAYED TO THE TERM	INTAL DISCAS	T COMPLETION CIV	ENLINE DADY	1/-> 10	JAZAC A	VICOCV
	ATION	PART II. OTHE	EK SIGNIFICANT CON	DITIONS <u>CC</u>	DNIKIBUTING TO DEAT	BUING	OT RELATED TO THE TERMI	INALDISCAS	E CONDITION GIV	EN IN PARI		PERFOR	MED?
	CERTIFICATION	200. EXTERNAL CAUS PRIMARY OF CON CAUSE OF DEATH.		b. DESCRIBE	E HOW INJURY OCCU	IRRED. (En	ter nature of injury in Part	t I or Port II	of item 1B.)				
	MEDICAL	20c. TIME OF INJURY Hour o. m.	Month, Day, Ye	While		20e. PLACI	OF INJURY (Hame, form y, street, affice bldg., etc.	20f. (Cit	y or town)	(Coun	ity)		(State)
		21. I certify the	at I took charge	of the	remains describe	d abov	e, held an Autops	y [], 1	nspection X.	Inquiry	DC.	and fi	nd that
				_			de , Homicide		ndetermined c	ause .			
		0		11.						_			
		ACTUAL SIGNATURE	medict;	Skil	polici		M.D. CHIEF MEDICAL EX	AMINER []			DATE SI	GNED
4		SIGIRATORS					ASSISTANT MEDIC	AL EXAMINE	ER 🔲				
		EXAMINER'S NAME (Type)	Benedict	Ski	tarelic,	M.D	DEPUTY MEDICAL	EXAMINER	May 1	1, 1	961		
	220	BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREC)F	22c. NAME OF CEME	TERY OR C	REMATORY	22d. LOC/	TION (City, town,	or county)		(State)	
		BURTAL		961	HILLCRES	r BUR			BERLAND,	MD.			
	23.	FUNERAL DIRECTOR'S		CITTAG	ADDRESS			D BY REGIS		STRAR'S SIGI			
		BYRON K	LGHT	COM	BERLAND, M	D.	DAMAY	1 5 '61	Chil	ws 8. H	and		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR

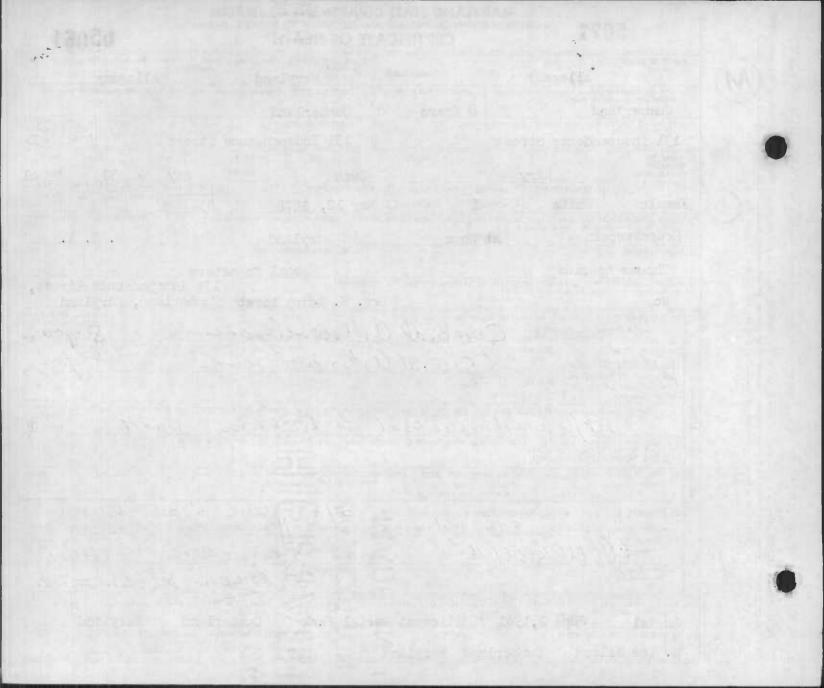
BALTIMORE 1, MARYLAND

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CER	TIFICA	ATE	OF	DE	ATH

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1. PLACE OF DEATH o. COUNTY					usual RESID	ENCE (Wh	ere deceased	lived. If instituti	on: Residence be	fore admiss	sion)
	Allegany		MARYLAI	ND	Ma	aryla			Allegan	У	
b. CITY OR TOWN (III RURAL and give ne Cumberla	arest town)	its, write	8 Years	16	c. CITY OR TO		utside corpor	ote limits, write R	URAL and give r	nearest town	1)
d. NAME OF HOSPIT	AL (If nat in hospital,	give street	oddress)		d. STREET AD	DDRESS				e. IS RES	FARM?
	endence St	reet			131 Ir	ndepe	ndence	Street			NOK
3. NAME OF DECEASED (Type or print)	Fi Mar		Middle		lost Swan		4. DATE OF DEATH	Mor Ma v	nth 30	/	Yeor 19 67
5. SEX	6. COLOR OR RACE	4	RIED NEVER MARRIED		DATE OF BIRTH		1	9. AGE (In years	IF UNDER 1 YE		V-
Female	White	WIDOW			v 12	1878		last birthday) 83 yrs.	Months Day	s Hours	Min.
			. KIND OF BUSINESS OR II		v 3		or foreign co		12. CITIZEN	OF WHAT	OUNTRY
Housekeep	ing life, even if retired)	t Home						77	C A	
13. FATHER'S NAME		B	o nome	1	Mar 14. MOTHER'S	yland MAIDEN N	E		Ue	S. A.	
Thomas M	oPri do							1			
15. WAS DECEASED EVER		CES? 16	SOCIAL SECURITY NO	17. INFO		acueT	. McMas		ress cess	- 01-	
	If yes, give war or dates of		. JOCIAL SECONTI TO.			17	S	131 Indi			
	m. 15			rirs	. S. Le	roy D	urst	Cumberla		yland	
	TH WAS CAUSED BY:	1	line for (o), (b), and (c).]	0	Heno	1.01	100	2	0	NTERVAL BE	DEATH
DUE TO										3-1	
Conditions, is or			Doneal	(Pa	10no	or fo	7			1 610	=/3
gove rise to in	n mediote (1	1 660,666	007	1-1-6-	2 (<u> </u>		1	-
lying couse last.											
	FR SIGNIFICANT CON		CONTRIBUTING TO DEATH	RUT NO	OT RELATED TO	THE TERMI	NAI DISEASE	CONDITION GIV	VEN IN PART 1(o	19. WAS	AUTOPSY
CATIO	ahear	cel	Cert bi		4	ul	024		well	PERFC YES _	DRMED?
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCC	URRED. (Enter noture of	injury in 1	Part I or Part	II of item 1B.)			,
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While			OF INJURY (H y, street, office			or town)	(Coun	(y)	(State
21 I certify tha	t (I) (this haspita	l) atten	ded the deceased fro	am	5/3	12 19	62/.ta_	2-/2	19.6.	that (I) ((we) las
saw the deceas	ed alive an	15 /	27_196/ , and th	at dea	th accurred	at 11/	M, fram	the causes ar	nd an the do	ite stated	abave
220. SIGNATURE	CHEN	000		M.C	ATTENDING	M		STAFF PHYS.	5		SIGNED
22c. PHYSICIAN'S NAME (Type)					22d. ADDRE	-	6,00	ne ST	- Can	11	Para
23a. BURIAL, CREMATIO	N. 23b. DATE THERE	OF	23c. NAME OF CEMETE	RY OR C	REMATORY		23d. LOCAT	ION (City, town,	or county)	(Sto	te)
REMOVAL (Specify)	June 2.	1961	Hillcrest	Buri	al Parl	k	Cumbe	rland	Marvl	and	
24. FUNERAL DIRECTOR			ADDRESS			25a. REC'	D BY REGISTI		STRAR'S SIGNA	TURE	
H. Lee Si	lcox Cu	mber	land Marylar	nd		DATE	15 '61	Chi	Chun S. The	ue	



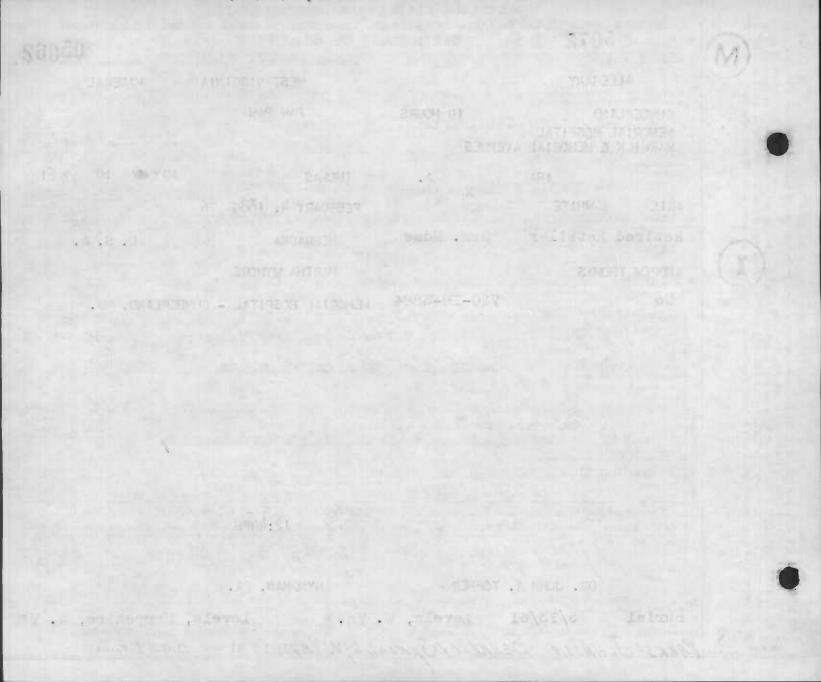


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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5072 CERTIFICATE OF DEATH

PLACE OF DEAT	- 0 0 10	CERTIFICA	IE OF DEATH		115069
0. 0001411	TH -		2. USUAL RESIDENCE (Who	ore deceased lived, If	institution: Residence before admission
AL	LEGANY	MARYLAND	a. STATE	GINIA b. COUN	
b. CITY OR TOWN	(if outside corporate limind give nearest town)	c. LENGTH OF STAY IN 1			RURAL and give nearest town)
CUMBERL		10 HOURS	PAW PAW		
		f not in hospital, give street address)	d. STREET ADDRESS	500	e. IS RESIDENCE ON A FARM?
WARWICK	- 100111001111	AVENUES		80	YES NO
NAME OF DECEASED	First	Middle	Lest 4. DA		
(Type or print)	IRA	Α.	THOMAS	атн МА	10 1/01
SEX	6. COLOR OR RACE	7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
MALE	WHITE	WIDOWED DIVORCED	FEBRUARY 4, 188	5 76 yrs.	Months Days Hours Min.
one during most of v	ATION (Give kind of work working life, even if retire Retailer	10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (County & Ster	e, or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Retailer	Gen. Mdse	NEBRASKA		U. S. A.
B. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
ANDREW TI			MARTHA WYMOR	Ε	
es. no. or unkown)	(If yes give war or dates of s	720-I8-3284	INFORMANT	Address	
(a), steting the cause last.	(c)	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIV	PERFORMED?
OR CONTRIBUTING	WAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCUR	ED. (Enter nature of injury in Pert I or	Pert II of item 18.)	YES NO [
20c. TIME OF INJ Hour a.m.			LACE OF INJURY (Home, farm, 20f. actory, street, office bldg., etc.)	(City or town)	(County) (Slete)
1	1 (1) (1 : 1 : .	al) attended the deceased from	opprox. 1940	to May 10	?, 196/., that (I) (we) la
21. I certify	that (I) (this hospit		at death occured al 2:40P	Mom the causes	
21. I certify saw the decea 22a. SIGNATURE	Thu a		af death occured al.2:40P	STAFF	and on the date stated abov
21. I certify saw the decea	s John a	Topper	at death occured al.2:40P	STAFF PHYS.	and on the date stated above



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before a. COUNTLEGANY b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, CITY OR TOWN (If outside corporate limits, write RURAL and giva nearest town) c. LENGTH OF STAY IN 16 writa RURAL and giva nearast town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS MEMORIAL HOSPITAL S. WAVERLY TERRACE 3. NAME OF DATE DECEASED OF JAMES (Type or print) Sloan THOMAS DEATH 6. COLOR OR RACE 7. MARRIED Y NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH last birthday) Months MALE WIDOWED 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retirad) KANSAS . Opeto RETIRED Foreman B & 0 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ANDREW THOMAS ALICE WYMORE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give war or dates of servica) CUMBERLAND. MARYLAND 18. CAUSE OF DEATH [Enter only one cause ger line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geva risa to immediate causa DUE TO (a), stating the underlying causa last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY

20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

> 20d. INJURY OCCURRED Whila Not While at work

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, straat, offica bldg., etc.)

Ato Many 13, 1961, that (I) (we) last from the causes and on the date stated above.

(State)

PERFORMED?

NO Y

a. IS RESIDENCE ON A FARM?

YES NO

19 61

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET-AND DEATH

U.S.A.

20c. TIME OF INJURY

p.m. 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on.

Month, Day, Year

..., and that death occured at.2 PHYS.

22d. ADDRESS

DIRECTOR PHYS. 22b. DATE SIGNED 61

22a. SIGNATURE

Hour a.m.

22c. PHYSICIAN'S NAME (Type)

CLAY

23c. NAME OF CEMETERY OR CREMATORY

VIRGINIA AVENUE, CUMBERLAND, MD. 23d. LOCATION (City, town or county)

23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Burial

St. Mary's Catholic Cem. ADDRESS

Cumberland, Maryland 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR'S SIGNATURE

John J. Haf er. Cumberland, Martland

25a. REC'D BY REGISTRAR 6 DATE

arthur & Hayes

VR A15 (4) 15M 9/60

FUNERAL rector, page 3

death.

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BOARDEN MUNDY NOTICE 1

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MEMORIAL ROSPITAL - CURCURIO, MIRROLINO,

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Joins J. Es au, Cumberdand, Englished

295 VIRGINIA AVENUE, CORREGIO, DE

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V. Forpis Brings

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	5	074		CERT	IFICA	ATE OF DEATH	1		Reg. Dist. N	. (12	506
	PLACE OF DEATH	Allegan	y	MAR	YLAND	2. USUAL RESIDENCE (WHO STATEMARY 1 a	nere deceased	l lived. If institution b. COUNTY	Alleg		ssion)
	LUMB et ivan	autside corporate limit graft town)	s, write	c. LENGTH OF STAY		c. CITY OR TOWN (IF C	-	rote limits, write RI	JRAL ond give n	earest tow	vn)
	d. NAME OF HOSPITA	Central				d. street Address 308 Cent	ral A	ve.		ON.	SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	JOHN		NRY TR	OST	Lost	4. DATE OF DEATH	May	4,	Day	Yeor 1961
5.	Male	6. COLOR OR RACE White	7. MARR	RIED NEVER MARR		8. DATE OF BIRTH May 19, 18	-	9. AGE (In years last birthdoy) 80 yrs.	Months Days	-	
	during most of works Retired S	N (Give kind of work on the life, even if retired) a 1 e s m a n	lone 10b.	Furnitur		STRY 11. BIRTHPLACE (Stole Wiscon		ountry)	12. CITIZEN	S.	T COUNT
13.	Samuel	H. Trost				Anna Ge		S			
	WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give wor or dates of so		None		NFORMANT Miss. Mildr	ed Tr	ost Cu	ess imberla	nd,	Md.
	PART I. DEAT	TH [Enter only one co H WAS CAUSED 8Y: IMMEDIATE CAUSE (o DUE TO		Oca	te	lacomery of				SET ANI	BETWEEN D DEATH
	Conditions, if on gove rise to im couse (a), stating the lying couse lost.	he under-								1	ar.
CERTIFICATION	PART II. OTHE	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	E CONDITION GIV	EN IN PART 1(0)		ORMED?
	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY (OCCURRE	D. (Enter noture of injury in I	Part t or Part	II of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While	NJURY OCCURRED Not while k ot work		ACE OF INJURY (Home, form ctory, street, office bldg., etc		or town)	(Count)	r)	(Stote
	21. I certify the alive an	at I attended the	decease , 196	and that	death	accurred at 0 A	ADDRESS (SI			ate stat	
	NAME (Type)	ENIS	131	K/NG-5							

page 3 should be detached for use as the burial-transit permit. Then please remove carbon pap the registrar prior to burial, cremation, or removal, and in any event within 72 haurs ofter death. TO FUNER VS A1S (4) 15M 10/57

OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours ofter death. Page 4

the ottending physicion and campletely filled

the funeral director, should be filed with

23. FUNERAL DIRECTOR'S SIGNATURE Charles L. George

220. BURIAL, CREMATION, 22b. DATE THEREOF
BREMOVAL (Specify)
May 6.19

6,1961

ADDRESS Cumberland, Md.

22c. NAME OF CEMETERY OR CREMATORY

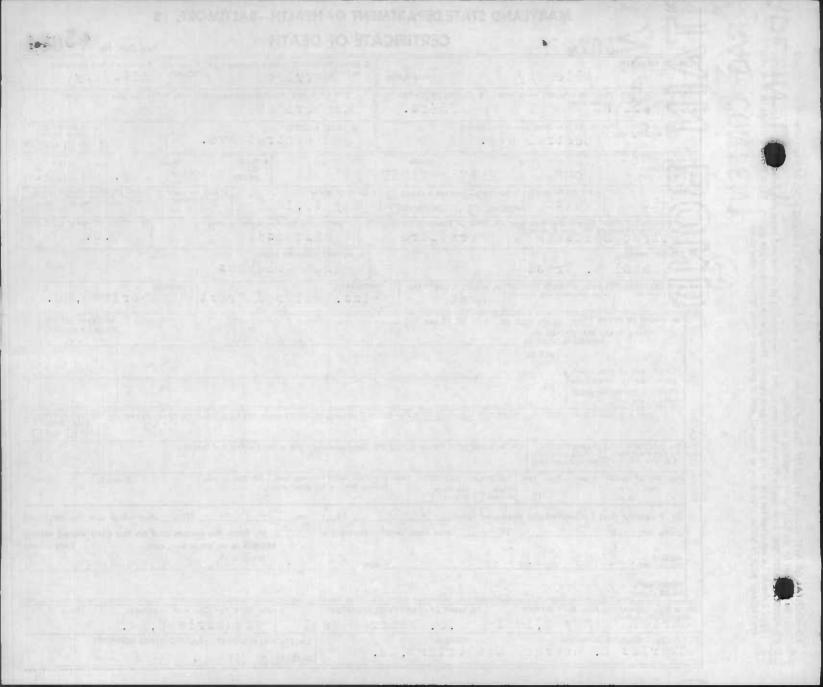
S.S. Peter & Paul

24a. REC'D BY REGISTRAR '61

24b. REGISTRAR'S SIGNATURE arthur S. Kroud

22d. LOCATION (City, town, or county)

Cumberland, Md.



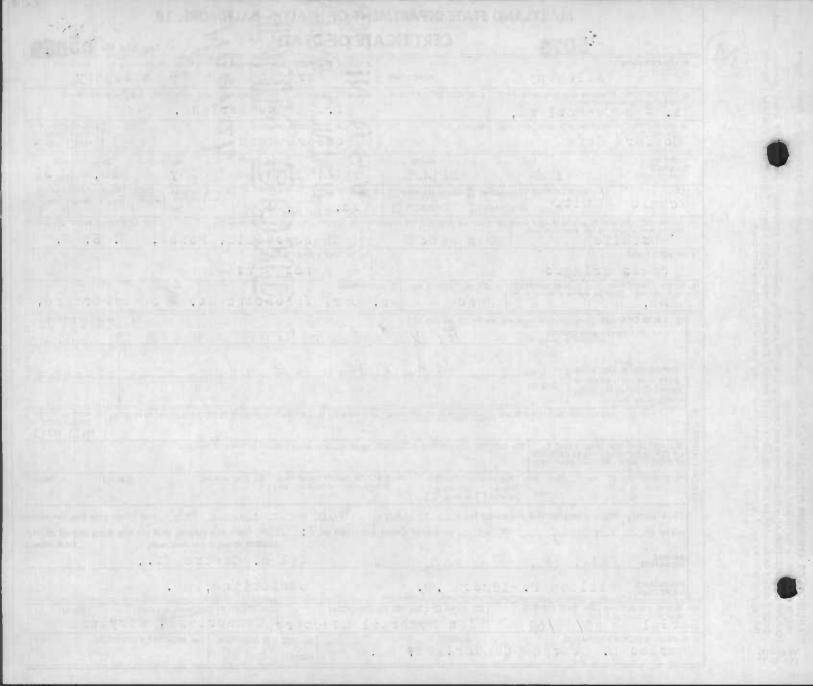
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5975	CERTIFICATE O	F DEAT

Reg.	Dist. No.	U5065	

٠	3/3				Reg. Dist. No.	じつこうか
1. PLACE OF DEATH o. COUNTY A11	legany	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Marylar	deceased lived. If institution 1 d b. COUNTY	n: Residence before Allega	
b. CITY OR TOWN (If outside RURAL and give nearest to Rt. # 3 Cum)	wn)	c. LENGTH OF STAY IN 16		de corporate limits, write RU umberland,	IRAL and give near	est town)
d. NAME OF HOSPITAL (IF no OR INSTITUTION Bedford Roa	at in hospital, give stree A	t address)	d. STREET ADDRESS Bedford Ro	ad	1	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle BELLE	TEAR DAIN THE	DATE Month OF May	b 26,	
	or or race 7. MAI	RRIED MEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Dec. 22, 19	1 . 1 . 1 . 1	Months Days	Hours Min.
Housewife Housewife	kind of work done 10t even if retired)	Own home	USTRY 11. BIRTHPLACE (Stole or for	oreign country) ille, Penna		WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM			
James Bri	0		- 3	artholow		
(Yes, no. or unknown) III yes, grin	S. ARMED FORCES? 16 wor or dates of service)		r. Carl Valent	tine Rt. #		rland,
18. CAUSE OF DEATH [En PART I. DEATH WAS IMMED	CAUSED BY: IATE CAUSE (o) DUE TO	Cerebral	hemerley	e lesson	INTER	RVAL BETWEEN TO AND DEATH
gove rise to immedia couse (a), stoting the under lying cause lost. PART II. OTHER SIGN	DUE TO		JT NOT RELATED TO THE TERMINAL		N IN PART 1(a) 19	. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGN PART II. OTHER SIGN 200. ACCIDENT WAS UNDE OR CONTRIBUTING (IF EITHER, NOTIFY MEDICA	RLYING [] 20b. DE	SCRIBE HOW INJURY OCCUR	IED. (Enter noture of injury in Port	1 or Port II of item 18.)		YES NO
20c. TIME OF INJURY Mont Hour a. m. p. m.	h, Day, Year 20d. While		PLACE OF INJURY (Home, form, 2 octory, street, office bldg., etc.)	Of. (City or town)	(County)	(Stote)
actual SIGNATURE	icher 6		_M.D441 N		nd an the date tate)	
Burial (Specify) Burial (Specify) 5	/29/61			LOCATION (City, town, or Cumberland,		(State) n n d
Charles L. G		and and M	d. Z40. REC'D BY		Lun S. Haus	

VS A15 (4) 15M 10/57



TO DEPLITY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours ofter death. If any deloy is necessory, please executed entificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral ector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
076	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
- 1 0	Itam a ki m 6288 b/6/63 1wk	R

5

50	76 ME	DICAL	EXAMIN	IER'S	CERTII	FICAT	E OF	DEATH		Dist. No	115	166
PLACE OF DEATH			7		2. USUAL RES	IDENCE (W	here decea	sed lived. If In	stitution: Resi	dence bef	ore admi	asion)
o. COUNTY AL	LEGANY		MAR	YLAND	a. STATE	MAR	YLAND	b. COL	A YTAL	LLEG	ANY	
b. CITY OR TOWN (II and give nearest town)	outside corporate limits, write	RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (IF	autside car	porote limits, w	rite RURAL o	nd give n	earest far	wn)
CUMBERLAN			35 YEARS		CUM	BERLA	ND.		11			
d. NAME OF HOSPITA	AL OR INSTITUTION (If not in hospit	ol, give street addre	156)	d. STREET	ADDRESS				0		A FARM?
506 PARK	ST.				XXXX	506	PARK	ST.				NO TO
NAME OF DECEASED	Fire	sf	Middle		Las		4. DATE OF	M	anth	Day	Y	eor
(Type or print)	GEI	MAN	ABEL T	/EACE	I		DEATH	MAY		26	11	9 61
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	8. D G	DATE OF BIRTH	f	100	9. AGE (In year last birthday)		R TYEAR		ER 24 HRS.
MALE	WHITE	WIDOWED [DIVORCED		TINE 9.1	903		58 57	Months .	Days	Hours	Min.
Oa. USUAL OCCUPATIO	N (Give kind of work	dane 10b. KIN	ID OF BUSINESS OF	INDUST	RY 11. BIRTHPL	ACE (Stote	or foreign	country)	12. C	TIZEN O	WHAT	COUNTRY
REPATRMAN	g, e,	SEI	F-EMPLOYE	en en	W.	VA.				IISA		
3. FATHER'S NAME					14. MOTHER'S		AME					
JOHN .	A. VEACH					KATH	RYN J	ACK				
5. WAS DECEASED EVE	R IN U. S. ARMED FO		CIAL SECURITY NO	. 17. IN	FORMANT			Add	ress			
NO			NONE	N	RS. JOH	N VEA	CH	CUMBE	CRLAND,	MD.		
18. CAUSE OF DEAT	H [Enter only one cau	se per line for	(a), (b), and (c).							INTER	VAL BETWE	EN
	H WAS CAUSED BY: IMMEDIATE CAUSE (o)		ASPHYXI	ATIC	N						-5 M	
974	X DUE TO											
Conditions, if on			PLASTIC	BAG	OVERX	HEAD				3.	-5 M	in.
gave rise to immed (a), stoting the u							1 53					
cause last.	(c)											
PART II. OTH	ER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEA	M TU8 H	OT RELATED TO	THE TERMI	NALDISEAS	E CONDITION	GIVEN IN PA	RT 1(o) 1		AUTOPSY RMED?
5										1	YES X	NO [
20a. EXTERNAL CAU PRIMARY G or CON CAUSE OF DEATH.	SE WAS	b. DESCRIBE H	IOW INJURY OCCU	RRED. (E	nler noture of in	jury in Port	I or Part II	of item 18.)				
20c. TIME OF INJUR	Y Month, Day, Yea			20e. PLAC	E OF INJURY (lome, form,	20f. (Cit)	y or town)	(0	ounty)		(State)
Hour a, m. p. m.	19	White of work	Not while at work	TOCTO	ry, street, office	biog., erc.)						
	ot I took chorge						ARREST	nspection [x, Inqu	iry 🗓	ond f	find tha
deoth resulted	from: Notural	causes 🔲,	Accident [, Suid	ide 🗓 , H	omicide	, U	ndetermine	d couse [].		
1) /	, 01	1, , 1	,							D 4 99 6	1041FP
SIGNATURE 2	enedict	Aki	tarelie	1	_M.D. CHIEF N	EDICAL EX	AMINER [DATE S	GNED
EVA MINER'S						NT MEDICA		_				
NAME (Type) B	enedict Ski	tareli	c. M.D.		DEPUTY	MEDICAL E	XAMINER [X May	26. 19	61		
20. BURIAL, CREMATION REMOYAL (Specify)	V. 22b. DATE THEREO	F 22	C. NAME OF CEMET	ERY OR	CREMATORY		22d. LOCA	TION (City, tov	vn, or county)		(State	:)
BURIAL"	MAY 29,1	961	HIGH CEN	ETE!	RY		Ø	MAKE PU	RGITSV	TLLE	, W.	VA.
3. FUNERAL DIRECTOR'S			ADDRESS			24a. REC'D	8Y REGIST		EGISTRAR'S S			
BYRON K	IGHT CU	MBERLAI	ND, MD.			DATEJUN	1 1 '6	1 (Irthun S.	Than	i.	

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5077 CERTIFICATE OF DEATH

	5	077		CERTIFICAT	E OF DEA	TH			U5067
	PLACE OF DEATH	EGANY		MARYLAND	a. STATMAR	PLAND	b. COUNT		
	CUMBERLA	give nearest town)		c. LENGTH OF STAY IN 16		TOWN RT.	46	RURAL and giva r	nearast fown)
	MEM	ORIAL & WA	RWICK	AVES.	old to	wn Rt# :	[a. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Typs or print)	First	RGE	Middla W •	WAGNER	4. DATE OF DEATH	MAY 24,	Day	Yaar 19 61
5.	MALE	6. COLOR OR RACE	7. MARRIE		2-22-188		. AGE (In years I last birthday) 72 vrs.	F UNDER 1 YEAR Months Days	Hours Min.
de	a. USUAL OCCUPATIO	king life, aven if retire	k 1Db. K	ND OF BUSINESS OR INDUST	"Greens	County & State, or	foreign country)		F WHAT COUNTRY
	etired Le	300L	n	allroad	WEST VII			U. S	• A •
15	WILLIAM V		CES2 14	SOCIAL SECURITY NO. 17.	ETTA WAR	RD	Address		
Z	PART I. DEATH I. Conditions, if any, gave rise to immedia (a), stating the un	WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO which te couse darlying DUE TO	149		MEMORIAL I	Ocelus Caula C	kawlen)	Leun Li	year
CERTIFICATION	2Da, ACCIDENT WA		2Db. DES	CRIBE HOW INJURY OCCURE). (Enter netura of inju	ry in Part t or Part I	l of item 18.)	1	PERFORMED?
1 .	(IF EITHER, NOTIFY	MEDICAL EXAMINER							
MEDICAL	Hour a.m.	tY Month, Dey, Ya	ar 2Dd. Whila	Not Whila fac	ACE OF INJURY (Home tory, streat, offica bldg		y or town)	(County)	(Stata)
	saw the decease		_	ded the deceased from	1	6:32 P.M.	my the causes a	, 1941, the	nat (I) (we) lass te stated above
	22a. SIGNATURE 22c. PHYSICIAN'S NAME (Typa)	lumber	ey Ka		ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR [STAFF PHYS. CUMBE	ERLAND.	6/27/6/ MD.
23	BURIAL, CREMATIC REMOVAL (Spacify)	G.O. HIMM		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOC	ATION (City, towi	n or county)	(State)
24	Burial FUNERAL DIRECTOR	5-27-6 s SIGNATURE	3I	Davis Memor		REC'D BY REGIS	berland		TURE
	James F.	Scarpell	Li Cu	mberland, Md.		MAY 3 1 '61		was & Krau	

the stances THE PARTY A TANCOUR PEER. . 10 031-5-5 . , . . ELECTION OF THE WORLD WINDOWS IN CONTRACTOR OF THE THE OFFICE AND THE STREET, NO. THE E. D. W. DERLURISHT THE RESTREE THE PROPERTY OF TH To partie the state of the stat

GEORGE EICHHORN

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

3	U78		CERTIF	ICA	TE OF DEATH			H NIO	U5!	68
1. PLACE OF DEATH O. COUNTY	gany		MARYI	LAND	2. USUAL RESIDENCE (WHO A STATE Maryland	ere deceased	lived. If institut b. COUNTY			sion)
RURAL and give n			c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o		te limits, write f	RURAL ond giv	re nearest tow	n)
OK INSTITUTION			oddress)		d. STREET ADDRESS	ing ns St	roet		ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type ar print)	MARGARE	rst	Middle		WILAND	4. DATE OF DEATH	May 5		61	Yeor
Female	6. COLOR OR RACE White	7. MARR	DIVORCED		Aug, 30th, 1		AGE (In years last birthday) 62 yrs.	1	YEAR IF UND Pays Haurs	ER 24 HRS. Min.
during most of war	ON (Give kind of work king life wen if retired SEWITE	dane 10b.	KIND OF BUSINESS OF	r indus	Barton,	MD.	ntry)		SA	OUNTRY?
	chael Ley				Margare					
15. WAS DECEASED EVE	ER IN U. S. ARMED FOR (If yes, give war ar dates of		None		ohn Wiland		naconi	ng, M	D.	
	ATH [Enter only and co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c		e for (o), (b), and (c).	LOV	iery occle	SON)	^		INTERVAL BI	DEATH
Canditions, if c gave rise ta i cause (a), stating lying couse last.	the under-	, an	terioscle	iosi	is				year	۵
20a. ACCIDENT W.	AS UNDERLYING DEATH	ism			NOT RELATED TO THE TERMI			VEN IN PART	1(a) 19. WAS PERFO YES	ORMED?
-	(MEDICAL EXAMINER) RY Manth, Day, Ye 19	While	Nat while	20e. PLA fac	ACE OF INJURY (Hame, farm stary, street, office bldg., etc	20f. (City o	or tawn)	(Ca	unty)	(State)
	at (1) (this hospital sed alive an Uy	1) attend	7 / 1	that d	eath accurred at		May he causes al	5 19 6 and an the	date stated	
22c. PHYSICIAN'S NAME (Type)	L.R. MI	LES	, JR. N	1.0		C01V11	VG	MP		
BURTAL PECIFY	5/8/19		Oak Hill				ON (City, town, Coning		(Sta	te)
24. FUNERAL DIRECTOR GEORGE	ETCHHORN	T.C	ADDRESS NACONTNG	IMI		D BY REGISTR	AR 25b. REG	ISTRAR'S SIGN	YATURE Thans	THE.

LONACONING, MD.

DATE MAY 9

161

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Baard at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSP VR A15 (4) 15M 9/59

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

y the funeral directar, and 2 shauld be filed with

Stresol antocol Say 18 Louis and Brand Scot, Louis • (We the telephone to the The principle of the parties of the principle of the parties of th

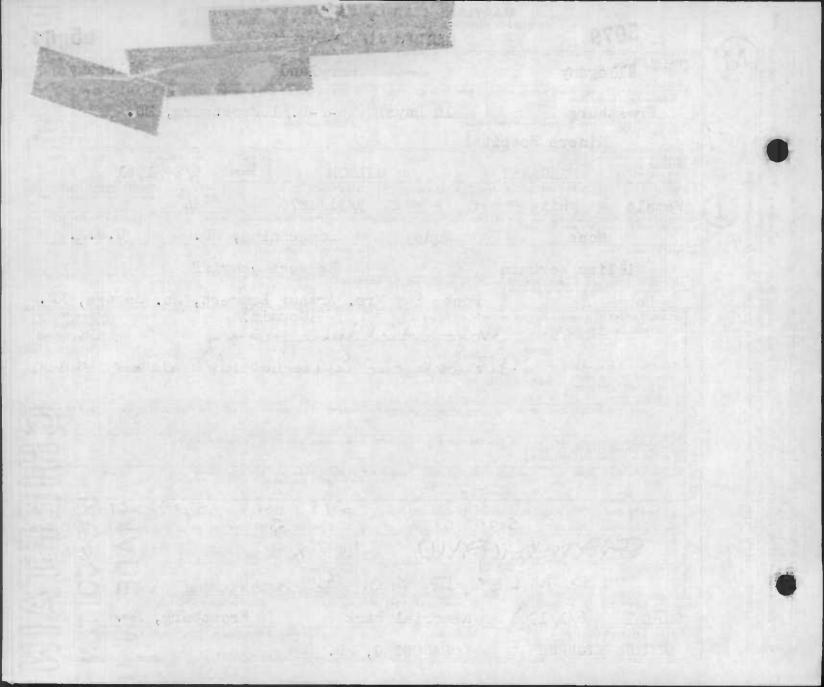
VR A1S (4) 1SM 9/59

5079

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECERDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

u5069

								THE RESERVE AS A SECOND PORTION OF THE PERSON OF THE PERSO		
1. [LACE OF DEATH	egany	MARYLAND	dustales -	and and	deceased lived. It	institution	Residence bef	ore odmissi any	ion)
ŀ	CITY OR TOWN (IF	autside corporate limits, wr	ite c. LENGTH OF STAY IN 18	c. CITY OR	TOWN (If outside	de corporate limits	, write RU	RAL and give ne	arest town)
	Frost		10 Days	XR-F.	-D.#1	Frostbu	rg.	MD.	2320	
(OR INSTITUTION	AL (If nat in hospital, give st	treet oddress)	d. STREET A	DDRESS			(ASSERTION OF THE PARTY OF THE	e. IS RESI	IDENCE FARM?
		Miners Hosp	pital						YES	NO 竹
	NAME OF DECEASED	First	Middle	los	t. 4.	DATE OF	Manth	/-	lay 1	Year
	(Type or print)	MARGARET		WILSON		DEATH 5		1961		19
5. 5			MARRIED NEVER MARRIED	8. DATE OF BIRT	H	9. AGE (rthday)	Months Days	R IF UNDE	Min.
_	Female		OWED DIVORCED	5/31/-	L876		4 yrs.			
10a	 USUAL OCCUPATIO during most af warking 	N (Give kind af work dane ing life, even if retired)	10b. KIND OF BUSINESS OR INI	DUSTRY 11. 8IRTHPI	ACE (State or f	foreign cauntry)		12. CITIZEN C		OUNTRY?
		Nohe	None		naconi			0.5	. A.	
13.	FATHER'S NAME				MAIDEN NAM					
_		iam Workman			pecca	Schriff				
(Yes	. no. or unknown) (I IN U. S. ARMED FORCES? If yes, give wor or dates of service)		, INFORMANT	, ,		Addre			(T)
	No			Mrs. Ar	A	emmert,	Mt.	Savag	e, N	W.
			per line far (o), (b), and (c)	0 -	Cousi	n)			TERVAL BE	
	PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Myocardy	al us	elic	ency			36 1	us.
Н	422.	DUE TO	1	- A (- V V	0	(.			
П	Canditians, if ar		Menosclero	ic Card	10-00	scular	de	rouse	yea	is
	cause (a), stating t								V	
z	lying couse last.	ER SIGNIFICANT CONDITIO	DNS CONTRIBUTING TO DEATH B	LIT NOT BELATED TO	THEYEDANNIA	I DISEASE CONDI	ION CIVE	INI INI DADT 1/=\	10 W/AS	ALITOPSY
ICATION			DIAS CONTRIBUTING TO DEATH B	OT NOT RELATED TO	THETERMINA	L DISEASE CONDI	ION GIVE	14 114 FAKT 1(0)	PERFO YES [DRMED?
	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture o	f injury in Part	l ar Part II of iter	n 18.)			
MEDICAL	20c. TIME OF INJURY Haur o. m. p. m.	W	Od. INJURY OCCURRED 20e. /hile Not while twork at work	PLACE OF INJURY (factory, street, affic	Home, farm, 2 e bldg., etc.)	20f. (City ar tawn)		(County	')	(State)
	21. I certify that	t (I) (this haspital) at	tended the deceased fran	5.18	1961	L, to5	. 29	19.61, t	hat (1) (we) last
	saw the deceas	ed alive an	29 1961, and that	death accurre	d at _ SUM					
	220. SIGNATURE	0	1							b. DATE SIGNED
	7	1 mile	JANU)	M.D. ATTENDIN	DIREC	TOR PHYS.			6.1	.61
	22c. PHYSICIAN'S NAME (Type)	L.R. MIL	ES JR. M.	D. 22d. ADDR	ess'	ANI M	a . \	had		
23a	BURIAL CREMATION	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23	d. LOCATION (Cit	Town or	county)	(State	(e)
	REMOVAL (Specify)	6/1/1961		Park		Frostb			(5,01)	-,
24.	FUNERAL DIRECTOR'S	1 -1 -1 -1 -	ADDRESS		250. REC'D B'			TRAR'S SIGNATI	URE	
	GEORGE	EICHHORN	LONACONIN	IG. MD.	DATE SELL	F 101				
_					CHIN .	5 '61	()	Charles & St.		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

5080	CERTIFICATE	OF D	EATH
PLACE OF DEATH		1 0 TYCTT	EL RESIDEI

0	F DE	ATH						U5	070.
2.	USUAL	RESIDENCE	(Where	deceesed	lived, If	institution:	Residence	before	edmission)
	e. STATE	MARYIA	ND		b. COUN	ITY ALL	ECANIN	,	

e. COUNTY	LLEGANY	MARYLAND	e. STATE MARYLAND b. COUNTY ALLEGANY						
write RUI	OWN (if outside corporete limits, RAL end give necrest town) IMBER LAND	c. LENGTH OF STAY IN 16		Foutside corporete limi	ts, write RURAL and g	ive nearest town)			
d. NAME OF	WARWICI	K & MEMORIAL VES.	308 M	. VIEW DRI	VE	e. IS RESIDENC ON A FARM YES NO			
3. NAME OF DECEASED (Type or prin	First	OLIVER	WILSON	4. DATE OF DEATH M		Pey Yeer 19 61			
5. SEX	6. COLOR OR RACE 7. MARRIE WIDOWE		APRIL 4,	1878 9. AGE (II last bird	n yeers IF UNDER 1 YE thdey) Months De				
	CCUPATION (Give kind of work st of working life eyen if retired)	Self.		AND, MARYL		S. A.			
13. FATHER'S N	OLIVER WILSON		14. MOTHER'S MAIDEN		SHER				
	ASED EVER IN U.S. ARMED FORCES? own) (Ifyesgivewarordatesofservice)	SOCIAL SECURITY NO. 17.	MEMORIAL HO		MBERLAND,	MD.			
	E OF DEATH [Enter only one ceuse per I I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	ine for (a), (b), end (c).]	sis			INTERVAL BETWEEN ONSET AND DEATH 5 hours			
	Conditions, if eny, which (b) Coronary arteriosclerosis								
	the underlying DUE TO (c)								
2	nal ulcer; myocardia					(a) 19. WAS AUTOPSY PERFORMED? YES NO TO			
OR CONTRI	DENT WAS UNDERLYING 2Db. DES BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED), (Enter neture of injury in	Pert I or Pert ti of item	(8.)				
4 30- TIME	OF INTITION Month Day Year 1 2Dd	INTITION OCCUPATION IN THE PLA	CE OF INITIDY (Home free	2DE /City or town	1 (Count	(State)			

While Not While et work et work

JACOBSON

factory, street, office bldg., etc.)

MED. DIRECTOR

(Stete)

SIGNED

May 19.6.1, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from June and that death occured at 145PM rom the causes and on the date stated above. saw the deceased alive on 22b. DATE 22e. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

22d. ADDRESS

ATTENDING

Pershing St. Cumberland.

23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) May 17, 1961

Rose Hill Cemetery

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town or county) Cumberland, Maryland

ADDRESS

250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATEMAY 1 8 '61

STAFF PHYS.

117 Frederick St. Cumb. Md.

VR A15 (4) 15M 9/60

P. (() & () T STREET, THE STREET, ST METERS RESTAURANT COS - 1 - 1 - 18 8724 . £ 1199A 43 Bl THE STATE WENCHAL HOSPITAL CHEMINAN, ID. THE SAMEE OF CONTROL OF THE PROPERTY OF THE PROPERTY VI. integrand by LT, 1901 wore Hill Censtery Cumberland, Maryland Mind of the Traderick St. Camb. Md.

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

05071

	5081		CERTIF	FICAT	E OF DEA	TH				(I	90.	11
1. PLACE OF DEA	Allegany		MAR	rLAND	2. USUAL RESIDENCE OF STATE	ervla		ed. If institution b. COUNTY		e before		on}
	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)			IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Eckhart Lifetime				Eckhart								
d. NAME OF I OR INSTITU	HOSPITAL (If not in hospito TION	, give street	oddress)		d. STREET ADDR	ESS						DENCE FARM? NO
3. NAME OF		First	Middle		Last	4.	DATE	Mon	th	Day	Y	'ear
(Type or print)	Ma	Martha		ne	Wright		OF DEATH Ma		y 8th		1, 1961	
5. SEX	6. COLOR OR RAC		IED NEVER MARRI		DATE OF BIRTH		9. A	GE (In years	IF UNDER		7	
Female	White	WIDOWE	DIVORCE	DOI	Dec. 28t	h. 18	79 "	87 yrs.	Months	Doys	Hours	Min.
10o. USUAL OCC	UPATION (Give kind of wo	rk done 10b.	KIND OF BUSINESS C	OR INDUST	RY 11. BIRTHPLACE	(State or fo	oreign countr	у)	12. CITI	ZEN OF \	VHATC	OUNTRY
House	of working life, even if retir	ed)	n housewo	ark	Mary	land			1	US	Α	
13. FATHER'S NA		D W.	II IIOUSEWC	JI IX	14. MOTHER'S MAI		E			UL	43	
IIO	nar Dana				Eliza	Card	on Co	nnaga				- 1
1S. WAS DECEAS	EDEVER IN U. S. ARMED F	ORCES? 16	SOCIAL SECURITY NO	17. INF	ORMANT	Sus	all CO	ppage	ess			
(Yes, no, or unknown)	(If yes, give wor or dotes	of service)			TInton '	T 0	77 - 1-	hamb	36.3			
ID CAUSE (DE DEATH (Coton columns		one		.Upton	Loar	ECK	hart,	Md.	INITED	VAL BET	TWEEN
	OF DEATH [Enter only one I. DEATH WAS CAUSED B'		te for (0), (b), and (c).	dia	119	11					TAND	
TAK!	IMMEDIATE CAUSE	(0)	ugo eou	VILLE	e my	uff	low	nel	7	/	//	C
42	DUE DUE	то	1 1	- ,	6.11	11.		/				
	s, if any, which	(b)	cerce	w	2010	ya.	209					
	to immediate DUE	TO L										
lying couse		(c)										
PART PART 20a. ACCIDE OR CONTRIB (IF EITHER, N	II. OTHER SIGNIFICANT CO	ONDITIONS (CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE	TERMINAL	DISEASE CO	NDITION GIV	EN IN PAR		WAS A PERFOI YES	AUTOPSY RMED?
	NT WAS UNDERLYING [] UTING [] CAUSE OF DEA' IOTIFY MEDICAL EXAMINE	H	CRIBE HOW INJURY C	CCURRED.	(Enter nature of inju	ury in Port	l or Port II o	f item 18.)				
	INJURY Month, Doy.	Yeor 20d. II	NJURY OCCURRED	20e. PLAC	E OF INJURY (Home	e, farm, 2	Of. (City or t	own)	((County)		(Stote)
Hour	o. m. p. m.	While of wor	Not while	racro	ory, street, affice bld	g., etc.)						
					- 44 - 1	10/0/	. W	1116	10/0	1	. (1)	
	y that (1) (this hospi	(al) offend	P 0	-	//	1960		000				we) last
sow the d	eceosed alive on	1447	- 19 Ge , and	I that de	th accurred	M,	from the	couses on	d on the	dote :		
220. SIGNAI	1 JAme	1%			ATTENDING	MED.	s	TAFF		×1.	226	SIGNED
20 BUNGLE	VVVIII	7-10	ne	М	.D. PHYS.	DIRECT	TOR P	HYS.		17 00	9-1	961
22c. PHYSICI NAME (Tunel	McLan		11		Mo	in C+	Fran	atha	~ /	Ma	,
								.,Fro		16,	Md.	
230. BURIAL, CRE	MATION, 23b. DATE THE		23c. NAME OF CEM			23d	. LOCATION	(City, town,	or county)		(State	2)
Burial	5-11-	61	Porter (Ceme	tery		Eckh	art,			Mo	
24. FUNTERAL DIR	ECTOR'S SIGNATURE	10	ADDRESS		2So	REC'D BY	REGISTRAR	2Sb. REGIS	STRAR'S SIG	GNATURE		
Joseph	& H Durs	The	Frostburg	g, Mo	d. DA	TEMAY 1	0 '61	C	Uma g	4		
1	The same of the sa			-				- I hadel	hund .	77		

I KARANDIAN MISTARIA AND THE RESIDENCE OF THE PARTY 5082

PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

	a. COUNIT	Allegany		MARYLANI	Maryl	and	b. COUNTY	Alleg	any			
	b. CITY OR TOWN (b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)			c. CITY OR TO	WN (If outside care	porate limits, write R	URAL and give n	earest tawn)		
		Cumberland			Cum	berland	1-1-1	Dog				
0	d. NAME OF HOSPIT	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION			d. STREET ADI	DRESS			e. IS RES	FARM?		
	Allegan	y County	Infi	rmary	325 H	olland	Street					
	3. NAME OF DECEASED (Type or print)	Alv		Gerald	Zembowe	1. DATE OF DEAT	моп Ма		T-0	Yeor 19 6.		
	5. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEA				
	Ma le	2 27 0 1	WIDOWI		4/9/79		lost birthdoy) 82 yrs.	Manths Days	Hours	Min.		
	10a. USUAL OCCUPATION	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLAC	CE (State or foreign	country)	12. CITIZEN	OF WHAT C	OUNTRY		
		king life, even if retired) Bookkeepe	r	lothing St	ore Penn	sylvani	9.	U	.S.A	•		
1	13. FATHER'S NAME				14. MOTHER'S M	MAIDEN NAME	1000					
	b A	am W. Zem	bowe	r	Ma	ry J. R	ose					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT P.O.BOX. \$99								nd	MA		
	(10s, 10s, or brightness)	(ii yes, give war or odies or se	a vice,		1 •	O.BOX.	977 66	mberla	114,	riu.		
	18. CAUSE OF DEA	ATH [Enter anly ane co	use per li	ne for (a) (b) and (c).		1		IN	TERVAL BE	TWEEN		
	PART I. DEA	TH WAS CAUSED BY:)	Bull	itnary	1 Hus	Destas	210.	241	MAN		
	41	DUE TO		1	1 1	10	1 .1'		2			
	Canditians, if a	iny, which) (b	. (hronic	mus	ceare	Unes	,	1			
		gave rise to immediate cause (a), stating the under-										
	lying couse last.											
	PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO T	THE TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(a)	19. WAS	AUTOPSY		
	PART II. OTI	(Ee	re.	leral K	leure	rtage			YES 🗌	NO E		
	20g. ACCIDENT W.	AS UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCUP	RED. (Enter nature of i	injury in Pary or Po	art II of item 18.)					
	OR CONTRIBUTING	MEDICAL EXAMINER)										
		RY Manth, Day, Yea			PLACE OF INJURY (Ho factory, street, affice b	ome, form, 20f. (Ci	ty or tawn)	(Caunt	y}	(State		
	Haur a.m.	19	While of wor	Nat while at work	Todioty, stroet, arriae a	i i		- 4				
	21. I certify the	ot (1) (this hospital) attend	led the deceosed from	n TO/TT/5	6. 19 to	5/TO/6	T. 19	that (I) (we) los		
		sed alive on 5/	9/61									
	22a. SIGNATURE	(-	21	7		- A con man and and 1				b. DATE		
	1	11110	60	Theau	M.D. PHYS.	DIRECTOR [X PHYS. X	0.	5×19	XXX		
	220 PHYSICIAN'S NAME (Type)	Town	0 - 7	Maraan	22d. ADDRESS	S			5/1	0/6		
		Dr. Jam	1 80	E. McLean	119 Gr	eene St	., Cumbe	rland,	Md.			
		ON, 236. DATE THEREC	F	23c NAME OF CEMETER		mb	ATION (City, town,	ar county)	(Stat	e)		
Ų.	REMOVAL (Specify	1 May 12	,196	Rose Hill	Cemele	ry Co	mberla	nd	Mo	(.		
1	24. FUNERAL DIRECTOR	'S SIGNATURE	P	ADDRESS		250. REC'D BY REGI		STRAR'S SIGNAT				
C	Jewa 1	aug Sir	LUR	iberland 1	MA.	DATE		coursely ad. /	At annua			

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The state of the state of the state of BESS WIN TOWN 19 code S . w cab. the state of the state of The section of the se SHATERY . HOLLES And the state of t